

Date: [Date]

To: [Supervisor Name/HR Manager Name]

[Facility/Clinic Name]

[Address]

Subject: Return to Work with Temporary Modified Hours

Dear [Recipient Name],

I am writing to formally notify you of my intent to return to my position as a Physical Therapist following my medical leave. My healthcare provider has cleared me to resume clinical duties effective [Start Date].

However, to ensure a safe and sustainable transition back to full patient care, my provider has recommended a temporary schedule of modified hours. I am requesting the following schedule for a period of [Number] weeks:

- **Effective Dates:** [Start Date] to [End Date]
- **Work Days:** [Specific Days, e.g., Monday, Wednesday, Friday]
- **Daily Hours:** [Start Time] to [End Time] (Total of [Number] hours per day)

During these modified hours, I am capable of performing all essential job functions, including patient evaluations, manual therapy, and documentation, while adhering to the prescribed time limitations. I anticipate returning to my full-time regular schedule on [Date of Full Return].

I have attached the medical release form from my physician outlining these recommendations. Please let me know if we need to meet to discuss patient scheduling adjustments or any further documentation required.

Thank you for your support during my recovery. I look forward to rejoining the clinical team.

Sincerely,

[Your Name]

[Your Title/License Number]

[Your Phone Number]