

[Your Name]
[Your Job Title]
[Your Employee ID]
[Date]

To: [Clinic Manager's Name]
Outpatient Clinic Manager
[Clinic Name]

Subject: Gradual Return to Work Plan

Dear [Manager's Last Name],

I am writing to formally provide my medical clearance and proposed schedule for a gradual return to work following my recent medical leave. Based on my healthcare provider's recommendations, I am cleared to begin a phased reintegration into my role at the clinic starting on [Start Date].

To ensure a safe and sustainable transition back to full-time duties, I propose the following gradual schedule:

- **Week 1:** [Number of days] days per week, [Number of hours] hours per day.
- **Week 2:** [Number of days] days per week, [Number of hours] hours per day.
- **Week 3:** [Number of days] days per week, [Number of hours] hours per day.
- **Week 4:** Return to full regular hours and clinical duties.

During this period, I have the following medical restrictions or required accommodations:

[Insert specific restrictions, e.g., no heavy lifting, limited standing time, or no overtime.]

I have attached the formal documentation from my physician detailing these recommendations. I am eager to return to the team and am happy to discuss how we can best manage patient scheduling and clinic flow during this transition.

Thank you for your support and understanding.

Sincerely,

[Your Signature]
[Your Printed Name]