Date: [Insert Date]

To: [Employee Name]

Position: Clinic Administrator

Subject: Agreement for Phased Return to Work Schedule

Dear [Employee Name],

This letter outlines the formal agreement regarding your phased return to work as Clinic Administrator following your period of [Medical/Personal] leave. Our goal is to ensure a smooth transition back to your full responsibilities while supporting your health and wellbeing.

The agreed-upon temporary schedule is as follows:

Phase 1: [Start Date] to [End Date]
Days: [e.g., Monday, Wednesday, Friday]
Hours: [e.g., 9:00 AM to 1:00 PM]

Phase 2: [Start Date] to [End Date]
Days: [e.g., Monday through Thursday]
Hours: [e.g., 9:00 AM to 3:00 PM]

Phase 3: [Start Date]
Return to full-time contractual hours and standard clinic operating schedule.

Workload and Duties:
During this phased period, your primary focus will be on [List specific core tasks, e.g., Staff Scheduling, Billing Oversight, Patient Record Management]. Non-essential projects will be deferred or reassigned until you return to full capacity.

Review Process:
We will meet on a [Weekly/Bi-weekly] basis to discuss your progress. If at any point you feel the schedule needs adjustment based on medical advice or operational requirements, please notify [Supervisor Name] immediately.

Please sign below to confirm your agreement to these terms.

Sincerely,

[Name of Manager/Director]
[Title]
[Clinic Name]

Employee Acceptance:

I accept the phased return to work schedule as outlined above.

Signature: _____ Date: _____