[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Confirmation of Phased Return to Work Schedule

Dear [Employee Name],

This letter confirms the agreed-upon phased return to work schedule following your medical leave. We are pleased to welcome you back to the clinical team at [Clinic/Facility Name].

Based on your medical clearance and our internal discussions, your transition period will proceed as follows:

- **Phase 1 (Dates: [Start Date] to [End Date]):** [Number] days per week, [Number] hours per day.
- **Phase 2 (Dates: [Start Date] to [End Date]):** [Number] days per week, [Number] hours per day.
- **Full Return (Date: [Date]):** Resumption of standard full-time hours.

During this period, your duties will include:

- [Specific Duty, e.g., Patient Intake]
- [Specific Duty, e.g., Electronic Health Record updates]
- [Any specific restrictions, e.g., No heavy lifting or patient transfers]

Please report to [Supervisor Name] upon your arrival on [Start Date] at [Time]. We will meet weekly during this phase to monitor your progress and ensure your health needs are being met while maintaining patient care standards.

If you experience any difficulties or require further adjustments, please contact [HR Name/Supervisor Name] immediately.

Sincerely,

[Your Name]
[Your Title]
[Clinic/Facility Name]