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

[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Post-Surgical Phased Return to Work Schedule

Dear [Employee Name],

We are pleased to confirm that we have received and reviewed the medical clearance provided by your physician regarding your recovery from surgery. We are happy to approve your phased return to work starting on [Start Date].

Based on your medical recommendations, your graduated work schedule will be as follows:

- **Phase 1 ([Start Date] to [End Date]):** [Number] hours per day, [Number] days per week.
- **Phase 2 ([Start Date] to [End Date]):** [Number] hours per day, [Number] days per week.
- **Phase 3 ([Start Date]):** Return to full-time hours and regular duties.

The following workplace accommodations have also been approved to assist your recovery:

- [Specific Accommodation 1, e.g., No heavy lifting over 10lbs]
- [Specific Accommodation 2, e.g., Ergonomic chair or frequent breaks]

Please report to [Supervisor Name] upon your arrival on your first day. We will meet weekly during this transition to ensure the schedule is supporting your health and to address any concerns you may have.

We look forward to having you back on the team. Please sign below to acknowledge your agreement with this plan.

Sincerely,

[Manager/HR Representative Name]
[Title]

_____

[Employee Signature] [Date]