[Current Date]

[Supervisor's Name]
[Department Name]
[Medical Facility Name]

Subject: Request for Phased Return to Work Schedule Adjustment

Dear [Supervisor's Name],

I am writing to formally request a phased return to work following my medical leave, starting on [Start Date]. Based on my healthcare provider's recommendations, I would like to propose a temporary adjustment to my schedule to ensure I can fulfill my duties as a Medical Technician while maintaining my recovery.

My proposed transitional schedule is as follows:

- **Weeks 1-2:** [e.g., 4 hours per day, 3 days per week]
- **Weeks 3-4:** [e.g., 6 hours per day, 4 days per week]
- **Full Reinstatement:** Expected by [Date]

During this period, I will focus on [List specific tasks, e.g., lab processing, data entry, or equipment maintenance] and will require the following temporary restrictions: [e.g., no heavy lifting, limited standing time].

I have attached the necessary documentation from my physician detailing these requirements. I am eager to return to the team and am committed to ensuring a smooth transition back to my full responsibilities.

Thank you for your support and for considering this adjustment.

Sincerely,

[Your Name]
[Employee ID Number]
[Your Phone Number]