Date: [Date]

To: [Physician Name]
From: [Medical Director/Department Head Name]
Subject: Implementation of Phased Return to Work Schedule

Dear Dr. [Last Name],

Following our recent discussion regarding your return to clinical duties, this letter outlines the formal implementation of your phased return to work schedule. Our goal is to ensure a safe and sustainable transition back to your full responsibilities within the department.

The following schedule has been established based on medical recommendations and operational requirements:

Phase 1: [Start Date] to [End Date]
- Working Days: [e.g., Monday, Wednesday, Friday]
- Working Hours: [e.g., 08:00 AM to 12:00 PM]
- Clinical Duties: [e.g., Outpatient consultations only, no call coverage, no surgical procedures]

Phase 2: [Start Date] to [End Date]
- Working Days: [e.g., Monday through Friday]
- Working Hours: [e.g., 08:00 AM to 03:00 PM]
- Clinical Duties: [e.g., Full outpatient load, light procedural work, no overnight call]

Phase 3: [Start Date]
- Full reinstatement of regular clinical hours, administrative duties, and on-call rotations.

Accommodations and Restrictions:
During this transition, the following restrictions will apply: [List specific restrictions, e.g., weight lifting limits, standing duration, or administrative support needs].

We will meet on [Date/Frequency] to review your progress and adjust the plan if necessary. If you experience any difficulties or require adjustments to this schedule, please contact [Name/HR Department] immediately.

We are pleased to have you back on the team.

Sincerely,

[Signature]
[Typed Name]
[Title/Department]

Cc: [Human Resources, Physician Health Program, or Department Files]