Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID]
Department: [Insert Department]

Subject: Occupational Health Assessment: Phased Return to Work Schedule

Dear [Employee Name],

Following your recent Occupational Health assessment on [Date of Assessment], we are pleased to confirm the recommended phased return to work schedule. This plan is designed to support your transition back into the workplace following your period of absence.

The proposed schedule is as follows:

Week	Dates	Working Days / Hours	Duties / Restrictions
Week 1	[Date] to [Date]	[e.g., Mon, Wed, Fri - 10am to 2pm]	[e.g., Light duties only]
Week 2	[Date] to [Date]	[e.g., Mon-Fri - 9am to 1pm]	[e.g., No heavy lifting]
Week 3	[Date] to [Date]	[e.g., Mon-Fri - 9am to 3pm]	[e.g., Resuming standard tasks]
Week 4	[Date] to [Date]	[e.g., Full Contracted Hours]	[e.g., Full Duties]

Key Recommendations and Workplace Adjustments:

- [Adjustment 1: e.g., Ergonomic chair provision]
- [Adjustment 2: e.g., Regular 10-minute movement breaks]
- [Adjustment 3: e.g., Temporary removal of specific high-stress tasks]

A review meeting has been scheduled for [Date] with your line manager, [Manager Name], to discuss your progress and ensure the adjustments are effective. If at any point during this phased return you feel your health is being adversely affected, please notify your manager or the Occupational Health department immediately.

Please sign below to indicate your agreement with this plan.

Employee Signature: _____
Date: _____

Yours sincerely,

[Sender Name]
[Title/Role]
Occupational Health Department