[Date]

[Employee Name]
[Employee ID]
[Home Address]

Subject: Transition to Phased Return to Work Schedule

Dear [Employee Name],

We are pleased to welcome you back to [Company Name] following your short-term disability leave. Based on the medical documentation provided and our recent discussions, we have approved a phased return to work schedule to support your transition back to full-time duties.

Your graduated return to work is scheduled as follows:

- **Phase 1 ([Start Date] to [End Date]):** [Number of days] days per week, [Number of hours] hours per day.
- **Phase 2 ([Start Date] to [End Date]):** [Number of days] days per week, [Number of hours] hours per day.
- **Full Reinstatement:** On [Date], you are expected to resume your regular full-time schedule of [Hours per week] hours.

During this transition period, your primary responsibilities will include:

- [Task/Duty 1]
- [Task/Duty 2]

Please note that your short-term disability benefits will be adjusted according to the number of hours worked, as per our policy and your insurance provider's guidelines. We will continue to monitor your progress and may adjust this plan based on updated medical information or operational needs.

If you have any questions or require further accommodations during this period, please contact [HR Contact Name] at [Phone/Email].

We look forward to having you back on the team.

Sincerely,

[Sender Name]
[Title]
[Company Name]