[Date]

[Staff Name]
[Staff Job Title]
[Department/Ward]

Dear [Staff Name],

Subject: Confirmation of Phased Return to Work Schedule

Following our recent meeting on [Date], I am pleased to confirm the agreed arrangements for your phased return to clinical duties. The purpose of this schedule is to support your transition back to the workplace following your period of absence.

Your phased return will commence on [Start Date] and is expected to conclude on [End Date]. During this period, your working hours and duties have been adjusted as follows:

Schedule:

- **Week 1:** [Days/Hours, e.g., Monday and Wednesday, 09:00 - 13:00]
- **Week 2:** [Days/Hours, e.g., Monday, Wednesday, Friday, 09:00 - 15:00]
- **Week 3:** [Days/Hours, e.g., Full shifts with restricted clinical duties]
- **Week 4:** [Date of return to full contracted hours/duties]

Clinical Restrictions/Adjustments:

[List any specific restrictions, e.g., No heavy lifting, no night shifts, or supervised clinical practice only].

We will meet weekly on [Day of the week] at [Time] to review your progress and ensure the workload remains manageable. If at any point you feel that the schedule needs to be adjusted, please inform me immediately.

We are very much looking forward to having you back as part of the clinical team.

Yours sincerely,

[Signature]
[Manager Name]
[Manager Title]