[Date]

[Patient Care Technician Name]
[Employee ID]
[Department]

Subject: Notification of Ergonomic Assistive Device Return

Dear [PCT Name],

This letter serves as a formal request for the return of the ergonomic assistive device(s) currently issued to you by [Facility/Hospital Name].

Our records indicate you are in possession of the following equipment:

- [Device Name/Model Number]: [Serial Number]
- [Device Name/Model Number]: [Serial Number]

Please return the items listed above to the [Department Name, e.g., Occupational Health or Equipment Room] located at [Office Location/Room Number].

Return Deadline: [Date] by [Time]

Upon return, the equipment will be inspected for functionality and cleanliness. If the device is malfunctioning or requires repair, please notify the receiving supervisor at the time of drop-off.

Failure to return these company-owned assets by the specified date may result in [mention consequence, e.g., further administrative action or equipment replacement fees].

If you believe there is an error in our records, or if you require an extension for clinical reasons, please contact [Manager Name] at [Phone Number/Email] immediately.

Thank you for your prompt attention to this matter and for your continued dedication to patient care.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Facility Name]