[Date]

[Clinic Manager Name]
[Clinic Name]
[Clinic Address]

Re: Return to Work Plan - [Your Name]

Dear [Manager Name],

Please accept this letter and the attached medical clearance as formal notification of my intent to return to my duties as a Registered Nurse at [Clinic Name] on [Start Date].

Following my medical leave of absence, I am prepared to resume clinical responsibilities. To ensure a safe and effective transition back to the nursing team, my healthcare provider has recommended the following temporary accommodations:

- [Example: Graduated return to full-time hours over two weeks]
- [Example: Limitation on night shifts or overtime for a specific duration]
- [Example: Specified break times to manage wellness]

I am committed to maintaining the high standard of patient care expected at this clinic. I would like to schedule a brief meeting with you on my first day to discuss these transitions and receive any updates on clinic protocols or patient caseloads that occurred during my absence.

Thank you for your support and for maintaining my confidentiality during this time. I look forward to rejoining the medical team.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]