[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name or HR Representative]
[Company Name]
[Company Address]

Re: Phased Return to Work Plan - [Your Full Name]

Dear [Manager's Name],

I am writing to formally confirm my intention to return to work following my medical leave of absence. My healthcare provider has cleared me to resume duties starting on [Date] via a phased transition to ensure a sustainable return to my full-time responsibilities.

Based on medical recommendations, I am proposing the following phased schedule:

- **Week 1 ([Dates]):** [Number] hours per day, [Number] days per week.
- **Week 2 ([Dates]):** [Number] hours per day, [Number] days per week.
- **Week 3 ([Dates]):** [Number] hours per day, [Number] days per week.
- **Week 4 ([Dates]):** Resumption of full-time standard hours.

During this period, I would like to request the following temporary workplace adjustments to support my transition: [e.g., remote work options, quiet workspace, or adjusted meeting schedules].

I have attached the necessary documentation from my healthcare provider outlining these recommendations. I am eager to reconnect with the team and contribute to our ongoing projects.

Please let me know if this schedule is acceptable or if we need to schedule a brief meeting to discuss the details further.

Sincerely,

[Your Signature]

[Your Printed Name]