[Date]

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

Subject: Approval of Return to Work

Dear [Employee Name],

We are pleased to confirm that your request to return to work following your medical leave of absence has been approved. Your return date is scheduled for [Date].

Based on the medical documentation provided and our recent discussions, we have noted the following regarding your return:

- **Work Status:** [Full-time / Part-time / Gradual Re-entry]
- **Reporting Manager:** [Manager Name]
- **Accommodations:** [List specific accommodations if applicable, or state "None at this time"]

On your first day back, please report to [Location/Department] at [Time] to meet with [Name] for a brief re-orientation meeting. This meeting is intended to update you on any departmental changes and ensure you have the support needed for a smooth transition.

Human Resources and the Employee Assistance Program (EAP) remain available to support you. If you have any questions or if your circumstances change, please contact [HR Contact Name] at [Phone Number/Email].

Welcome back to the team.

Sincerely,

[Signature]
[Name of HR Representative]
[Title]
[Company Name]