CONFIDENTIAL

Date: [Insert Date]

To: [Employee Name]
Position: [Job Title]

Dear [Employee Name],

This letter confirms the arrangements for your return to work at [Clinic Name] following your recent medical leave of absence. We are pleased to welcome you back to the team.

Based on our recent discussions and the medical documentation provided, your return to work plan is scheduled as follows:

Start Date: [Insert Date]
Schedule: [Insert Full-time/Part-time/Phased-in Hours]

Accommodations and Support:
To support your transition back to the clinical environment, the following temporary adjustments have been agreed upon:

- [Insert specific accommodation, e.g., reduced patient load]
- [Insert specific accommodation, e.g., modified shift times]
- [Insert specific accommodation, e.g., scheduled wellness breaks]

These accommodations will be reviewed on [Insert Date] to ensure they are meeting your needs and the operational requirements of the clinic.

Privacy and Communication:
Please be assured that the details surrounding your leave remain strictly confidential. Your colleagues have been informed only that you are returning from a leave of absence. Should you feel overwhelmed or require further support at any time, your point of contact will be [Insert Supervisor or HR Name].

We are committed to maintaining a healthy work environment and supporting your continued wellbeing. Please sign below to acknowledge your agreement with this return to work plan.

Sincerely,

[Sender Name]
[Sender Title]
[Clinic Name]

_____
Employee Signature

_____

Date