

[Your Name]  
[Your Professional Title, e.g., Family Nurse Practitioner]  
[Date]

[Recipient Name, e.g., Clinic Manager or HR Director]  
[Clinic/Organization Name]  
[Clinic Address]

Re: Phased Return to Work Plan

Dear [Recipient Name],

Following my recent period of medical leave, I am writing to formally propose a phased return to my clinical duties as a Nurse Practitioner. Based on my current recovery and medical advice, I am prepared to resume clinical responsibilities beginning [Start Date] with a gradual increase in hours and patient volume.

My proposed schedule is as follows:

- **Week 1 & 2:** [Number] hours per day, [Number] days per week. Focusing on administrative tasks and a reduced patient load (e.g., 50% capacity).
- **Week 3 & 4:** [Number] hours per day, [Number] days per week. Increasing patient volume to [Percentage]% capacity.
- **Week 5:** Return to full-time hours and standard patient scheduling.

I have attached the supporting documentation from my healthcare provider outlining these recommendations. I am committed to ensuring a smooth transition for my patients and the clinical team during this period.

Please let me know if this schedule is acceptable or if we need to schedule a meeting to discuss adjustments.

Sincerely,

[Your Signature]  
[Your Printed Name]