

[Your Name]
[Your Job Title/Position]
[Date]

To: [Supervisor/Department Head Name]
[Healthcare Facility Name]

Subject: Request for Modified Clinical Duties

Dear [Recipient Name],

I am writing to formally request a temporary modification of my clinical duties and schedule. Recently, I have been experiencing significant symptoms of burnout that are impacting my personal well-being and long-term professional sustainability.

To ensure I continue to provide the highest standard of patient care while recovering my health, I am requesting the following adjustments for a period of [Number] months, effective [Start Date]:

- [e.g., Reduction in total weekly clinical hours]
- [e.g., Exemption from overnight or weekend on-call shifts]
- [e.g., Increase in administrative time versus direct patient contact]
- [e.g., Limitation on the number of high-acuity cases assigned]

I am committed to my role at [Facility Name] and believe these proactive steps will allow me to return to full capacity as soon as possible. I am available to discuss how my current responsibilities can be covered or reassigned during this period.

I have attached documentation from my healthcare provider supporting this request for medical reasons.

Thank you for your understanding and support regarding this matter.

Sincerely,

[Your Signature]
[Your Printed Name]