

[Your Name, PA-C]
[Your Home Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Supervisor's Name]
[Practice or Hospital Name]
[Department]
[Work Address]

Re: Notice of Intent to Return to Work from Maternity Leave

Dear [Supervisor's Name],

I am writing to formally confirm that I will be returning to my position as a Physician Assistant at [Practice/Hospital Name] on [Date of Return]. This follows the conclusion of my maternity leave, which began on [Start Date of Leave].

I am eager to resume my clinical responsibilities and continue providing care to our patients. To ensure a smooth transition, I would appreciate an update on any significant changes to department protocols, EMR updates, or patient scheduling that occurred during my absence.

[Optional: Regarding my schedule, I will be returning to my previously agreed-upon full-time/part-time hours. / I would like to discuss the specific scheduling accommodations we previously touched upon regarding my return.]

[Optional: I will also require access to a private space for lactation purposes throughout the workday, as discussed prior to my leave.]

I look forward to reconnecting with the team. Please let me know if there are any specific administrative tasks or credentialing updates I need to complete prior to my first day back.

Sincerely,

[Your Signature]

[Your Printed Name], PA-C