

Date: [Insert Date]

To: [Supervisor Name / Human Resources Department]

From: [Employee Name]

Subject: Notice of Return to Work and Request for Accommodations

Dear [Recipient Name],

Please accept this letter and the attached medical documentation as formal notification that I am cleared to return to my duties as [Job Title] on [Start Date], following my recent prolonged hospitalization.

While I am eager to resume my clinical responsibilities, my healthcare provider has recommended specific workplace accommodations to ensure a safe and sustainable transition back to the medical environment. I am requesting the following temporary adjustments:

- **Phased Re-entry:** A modified schedule of [Number] hours per day for the first [Number] weeks.
- **Shift Limitations:** Restriction from [Night shifts / On-call duties / Double shifts] until [Date].
- **Physical Restrictions:** [e.g., No lifting over 10lbs, limited standing duration, or frequent rest breaks].
- **Duty Modifications:** [e.g., Administrative focus or telehealth duties to minimize physical exertion].

I am committed to maintaining the highest standards of patient care and safety during this period. I would like to schedule a meeting to discuss how these accommodations can be implemented within the department's operational needs.

Thank you for your support and understanding during my recovery.

Sincerely,

[Employee Signature]

[Employee Printed Name]

[Employee ID Number]