[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Gradual Transition Return to Work Plan

Dear [Employee Name],

We are pleased to confirm your return to work starting on [Start Date]. Based on your medical provider's recommendations and your ongoing outpatient therapy, we have developed the following gradual transition plan to support your reintegration into the workplace.

Your work schedule will be adjusted as follows:

- Week 1: [Number] hours per day / [Number] days per week.
- Week 2: [Number] hours per day / [Number] days per week.
- Week 3: [Number] hours per day / [Number] days per week.
- [Date]: Expected return to full-time/regular hours.

During this transition period, the following accommodations will be in place:

- Modified duties including: [List specific task restrictions].
- Scheduled time off for outpatient therapy sessions on [Days/Times].
- Frequent rest breaks as needed.

We will meet weekly to review your progress and determine if any adjustments to this plan are necessary. Please provide updated medical documentation if there are any changes to your treatment plan or physical restrictions.

If you have any questions or require further assistance, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]