

Date: [Insert Date]

To: [Supervisor Name or HR Department]

Company: [Company Name]

Subject: Return to Work with Modified Duties - Medication Side Effects

Dear [Recipient Name],

This letter is to inform you that I have been cleared to return to work on [Insert Date] following my recent medical leave. However, due to the side effects of my current prescribed medication, my healthcare provider has recommended specific temporary modifications to my work duties.

Employee Name: [Your Full Name]

Employee ID: [Your Employee ID Number]

Required Modifications:

- No operating heavy machinery or driving company vehicles.
- Avoidance of tasks requiring high-level physical balance or climbing ladders.
- Frequent breaks to manage [dizziness/fatigue/nausea].
- [Insert any other specific restriction here].

Duration:

These modifications are expected to remain in place until [Insert End Date or "Next Evaluation Date"]. I will provide updated medical documentation if an extension is necessary.

I am fully capable of performing other essential functions of my role, including [Insert tasks you can do, e.g., administrative work, data entry, phone communications]. I am committed to maintaining productivity while ensuring a safe working environment for myself and my colleagues.

Please find the attached formal note from my healthcare provider confirming these requirements. I am available to discuss how these adjustments can be implemented within the department.

Thank you for your support and cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]