

To: [Supervisor Name or Human Resources Department]

From: [Your Full Name]

Date: [Current Date]

Subject: Workplace Re-Entry and Medication Side Effect Notification

Dear [Recipient Name],

I am writing to formally notify you of my return to work on [Return Date] following my recent medical leave. I am cleared to resume my professional duties; however, I am currently finishing a course of prescribed medication that may cause temporary side effects.

The potential side effects I may experience include:

- [Side Effect 1, e.g., Drowsiness]
- [Side Effect 2, e.g., Reduced focus]
- [Side Effect 3, e.g., Sensitivity to light]

I am committed to maintaining my productivity and safety. To ensure a smooth re-entry, I may require the following temporary accommodations until [Expected End Date of Medication]:

- [Accommodation 1, e.g., Frequent short breaks]
- [Accommodation 2, e.g., Modified workstation lighting]
- [Accommodation 3, e.g., Flexible start/end times]

I have attached a note from my healthcare provider confirming my fitness for duty and the necessity of these temporary measures. I am available to discuss how we can best manage these adjustments to minimize impact on the team.

Thank you for your support and understanding during my transition back to the workplace.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee ID/Position]