

[Date]

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

Subject: Temporary Accommodation and Return to Work Plan

Dear [Employee Name],

Following the medical documentation received on [Date] regarding your fitness for duty, we are pleased to welcome you back to work starting on [Start Date].

Based on the medical restrictions provided, we understand that you are currently restricted from heavy lifting. Specifically, you are not to lift, carry, push, or pull anything weighing more than [Number] pounds.

To accommodate these restrictions, we have modified your duties as follows:

- [Description of modified task 1]
- [Description of modified task 2]
- [Description of modified task 3]

Please note that you are strictly prohibited from performing any tasks that exceed your lifting limit. If you are asked to perform a task that you feel violates these restrictions, please notify [Manager Name] immediately.

This temporary accommodation will remain in effect until [End Date] or until we receive updated medical clearance. We will meet on [Review Date] to discuss your progress and any further adjustments needed.

Please sign below to acknowledge that you understand these temporary restrictions and the modified work plan.

Sincerely,

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

Employee Signature

Date