

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name or HR Department]
[Company Name]
[Company Address]

Re: Return to Work with Lifting Restrictions - [Your Employee ID, if applicable]

Dear [Manager's Name or HR Representative],

I am writing to formally notify you that my physician has cleared me to return to work effective [Date].

While I am ready to resume my duties, my doctor has specified certain physical restrictions regarding lifting to ensure my continued recovery. According to the attached medical documentation, I am restricted to the following:

- Maximum weight limit for lifting: [Number] pounds.
- Frequency of lifting: [e.g., Occasional, No repetitive lifting, etc.].
- Duration of restrictions: [e.g., Until next evaluation on Date, or Permanent].

I am eager to return to the team and believe these restrictions can be accommodated within my current role. I am available to discuss any necessary adjustments to my daily tasks or potential temporary reassignments that align with these medical guidelines.

Please let me know if you require any further documentation or if there are specific forms I need to complete before my return date.

Sincerely,

[Your Signature]

[Your Printed Name]