Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID Number]
Department: [Insert Department]

Subject: Return to Work Clearance

Dear [Employee Name],

We have received and reviewed the medical certification provided by your healthcare provider regarding your recent serious health condition. Based on this documentation, we are pleased to confirm your formal clearance to return to work.

Return to Work Details:

- **Effective Date:** [Insert Date]
- **Work Status:** [Full Duty / Modified Duty]

Work Restrictions (if applicable):

[Insert specific restrictions or "None"]

Duration of Restrictions:

[Insert end date for restrictions or "Not Applicable"]

Please report to [Insert Supervisor Name or HR Department] at [Insert Time] on your scheduled return date. If you have been cleared for modified duty, we will meet with you upon your arrival to discuss your temporary accommodations and ensure they align with your provider's recommendations.

If you have any questions or if your medical status changes before your return date, please contact the Human Resources office at [Insert Phone Number/Email].

We look forward to your return.

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]