

Date: [Insert Date]

To: [Employee Name]

From: [Manager/Clinic Director Name]

Subject: Reintegration Planning for Clinic Shift Scheduling

Dear [Employee Name],

We are pleased to begin the process of welcoming you back to the clinic. To ensure a smooth transition and maintain high-quality patient care, we have developed the following reintegration plan regarding your shift schedule.

**Effective Date:** [Insert Start Date]

**Proposed Shift Schedule:**

- Week 1: [Insert Hours/Shifts]
- Week 2: [Insert Hours/Shifts]
- Standard Schedule (Starting [Date]): [Insert Regular Shift Times]

**Key Objectives:**

- Orientation on updated clinic protocols and safety measures.
- Review of current patient caseload and pending administrative tasks.
- Re-familiarization with updated Electronic Medical Record (EMR) software or equipment.

**Support and Adjustments:**

During this reintegration period, we will hold weekly check-ins to discuss your workload and any necessary adjustments to your schedule. If you require specific accommodations or have concerns regarding the assigned shifts, please contact [Insert Contact Name] by [Insert Date].

We look forward to your return and your continued contributions to our medical team.

Sincerely,

[Signature]

[Printed Name]

[Title]