

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

[Date]

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

Subject: Notification of Return to Work with Restrictions

Dear [Recipient Name],

I am writing to formally notify you that I have been cleared by my healthcare provider to return to work from short-term disability leave starting on [Return Date].

While I am ready to resume my duties, my physician has recommended that I return with specific light duty restrictions to ensure a safe transition. These restrictions are expected to remain in place until [Expected End Date or Next Evaluation Date].

According to my medical provider, my work restrictions include:

- [Restriction 1, e.g., No lifting over 10 lbs]
- [Restriction 2, e.g., No prolonged standing for more than 30 minutes]
- [Restriction 3, e.g., Limited use of right hand/arm]

I have attached the formal Return to Work Certification from my doctor which outlines these requirements in detail. I am eager to return to the team and am available to discuss how these temporary restrictions can be accommodated within my role or through alternative tasks.

Thank you for your support during my recovery. Please let me know if there is any additional documentation required or if we need to schedule a meeting to discuss my return.

Sincerely,

[Your Signature]

[Your Printed Name]