

[Your Name]
[Your Job Title]
[Date]

To: [Manager Name or HR Department]
[Company Name]

Subject: Return to Work with Ergonomic Accommodations and Light Duty Restrictions

Dear [Recipient Name],

I am writing to formally notify you of my intent to return to work on [Date] following my medical leave. My healthcare provider has cleared me to return to work with specific "light duty" restrictions and a requirement for ergonomic accommodations to ensure a safe transition.

Based on my medical evaluation, please find the following restrictions and requirements:

- **Physical Restrictions:** [e.g., No lifting over 10 lbs, no repetitive reaching, limited standing/walking].
- **Work Schedule:** [e.g., Modified hours, frequent 5-minute stretching breaks every hour].
- **Ergonomic Needs:** [e.g., Ergonomic chair with lumbar support, sit-stand desk, split keyboard, vertical mouse].

I have attached the formal documentation from my physician detailing these requirements and the expected duration of these restrictions, which is currently estimated to last until [End Date/Next Review Date].

I am eager to resume my duties and am committed to performing my role effectively within these safety guidelines. Please let me know if we can meet to discuss how these accommodations will be implemented at my workstation.

Thank you for your support in my return to the workplace.

Sincerely,

[Your Signature]
[Your Printed Name]