

Return to Work Clearance

Date: [Insert Date]

To: [Employee's Name] [Employee's Address] [City, State, Zip Code]

Dear [Employee's Name],

We are pleased to inform you that you have successfully completed your rehabilitation program. Based on the evaluation and medical assessment conducted by your healthcare provider, you are cleared to return to work as of [Insert Return Date].

Please ensure that you contact your supervisor to discuss your return to work plan and any accommodations that may be necessary as you transition back to your role.

If you have any further questions or concerns, please do not hesitate to reach out to [HR Contact Name] at [HR Contact Phone Number] or [HR Contact Email].

Welcome back! We look forward to your return.

Sincerely,

[Your Name] [Your Position] [Company Name] [Company Address] [City, State, Zip Code]