

Return to Work Clearance Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Employee's Name] has completed their recovery from an extended illness and is cleared to return to work effective [Return Date].

[Employee's Name] has been under my care and has met all necessary medical requirements to resume their duties without any restrictions.

If you have any questions or require further information, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]