

Return to Work Clearance

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are pleased to inform you that your return to work following your maternity leave has been approved. Your first day back will be [Insert Return Date].

As per our policy, please provide any necessary documentation or clearance from your healthcare provider confirming your ability to return to work. This documentation should be submitted to [HR Contact or Department] at your earliest convenience.

We look forward to welcoming you back and supporting your transition back into the workplace.

If you have any questions or need further assistance, please do not hesitate to reach out.

Best regards,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]