

# Return to Work Authorization

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

This letter serves to confirm your return to work authorization following your recent disability leave. Based on the medical documentation provided by your healthcare provider, we are pleased to inform you that you are cleared to resume your duties on [Insert Return Date].

Please be aware of the following accommodations (if any):

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

We look forward to welcoming you back to the team. Please do not hesitate to reach out if you have any questions or concerns prior to your return.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[City, State, Zip Code]