

Return to Work Authorization

Date: [Insert Date]

To: [Employee's Name]

Position: [Employee's Job Title]

Department: [Employee's Department]

Dear [Employee's Name],

We are pleased to inform you that you have been cleared to return to work following your recent injury. The details of your return are as follows:

Return Date: [Insert Return Date]

Working Hours: [Insert Working Hours]

Modified Duties (if applicable): [Insert Details of Modified Duties]

Please report to your supervisor on your return day. Should you have any questions or require further assistance, do not hesitate to reach out.

Welcome back!

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]