

# Return to Work Authorization

Date: [Insert Date]

To: [Employee Name]

Address: [Employee Address]

Dear [Employee Name],

This letter serves as a formal return to work authorization following your medical leave. After reviewing your medical records and assessment, we are pleased to inform you that you are cleared to resume your duties as of [Return Date].

Please make sure to follow any prescribed guidelines provided by your healthcare provider to ensure your successful reintegration into the workplace.

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

We look forward to welcoming you back to the team!

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]