

# Return to Work Authorization

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally authorize [Employee's Name], who underwent [Type of Surgery] on [Date of Surgery], to return to work effective [Return Date].

After a thorough evaluation and recovery period, [Employee's Name] is deemed fit to resume their duties at [Company Name].

Please feel free to contact me should you require any further information.

Sincerely,

[Doctor's Name]

[Title]

[Medical Facility Name]

[Contact Information]