

Return to Work Authorization

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

Dear [Employee's Name],

We are pleased to inform you that you are authorized to return to work as of [Insert Return Date]. This decision follows your recent leave of absence due to stress-related issues.

Please be reminded that it is important to continue to monitor your health as you transition back into your role. We encourage you to reach out if you require any support during this process.

Your position will remain as [Insert Job Title], and we look forward to having you back on the team.

If you have any questions or concerns, please do not hesitate to contact us.

Best regards,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[Phone Number]

[Email Address]