

RETURN TO WORK LETTER

To: _____

From: _____

Subject: Return to Work

This letter serves as a formal confirmation of the employee's fitness to return to work following a period of absence. The undersigned certifies that the employee named below has been evaluated and is cleared to resume their duties without restrictions or with the specified accommodations noted herein.

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Absence Details:

Reason for Absence: _____

Duration of Absence: _____

Fitness to Work Certification:

Based on the medical evaluation, the employee is declared fit to return to work under the following conditions (if any):

No restrictions

Restrictions/Accommodations (specify): _____

Employer Acknowledgment:

The employer acknowledges receipt of this Return to Work Letter and agrees to implement any reasonable accommodations as specified above, in compliance with applicable laws including the Americans with Disabilities Act (ADA). Failure to comply may result in legal consequences.

Confidentiality Notice:

This document contains confidential medical information intended solely for the use of authorized personnel. Disclosure to unauthorized parties is prohibited and may be subject to penalties under the Health Insurance Portability and Accountability Act (HIPAA) and other relevant laws.

Compliance and Legal Considerations:

This Return to Work Letter complies with all applicable federal, state, and local laws governing employment, workplace safety, and disability accommodations. The employee's rights under the Family and Medical Leave Act

(FMLA), the ADA, and other pertinent statutes are fully respected and preserved.

Employee Signature

Employer Representative Signature

Signature: _____

Signature: _____

Date: _____

Date: _____

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