***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***:

Based on the medical certification we have received, your doctor has approved your return to work on ***<RTW DATE>*** with no restrictions.

On ***<RTW DATE>***, please report to ***<contact>*** at ***<XX:XX>*** to resume your job assignment. If you begin having difficulty performing any assigned work, please contact your Supervisor immediately.

If you have any questions, you can contact me at ***<565-xxxx>***.

Sincerely,

***<Dept Designee>***

Cc: ***<DM Analyst Name>***, Disability Management Analyst

 Confidential Medical File