Unable to Perform Sample Letter

Your Name
Street Address
City, State and Zip code
Phone number

Date

Employer
Attention: Human Resource Manager
Street Address
City, State and Zip code

Dear (Human Resource Director's Name):

I am notifying you of my intention to return to work, effective (date). However, because of (state reason), I will not be able to perform all of the duties of my previous position. (say whether this is a temporary situation) I have enclosed a note from my physician explaining the problem and how long I would need to be on modified duty.

I have discussed possible modifications with (supervisor's name), and we have developed a plan to make sure my tasks and responsibilities are fulfilled during this time.

Please feel free to contact me with any questions or concerns regarding my return as well as any other documents the company may require.

Thank you for your understanding.

Sincerely,

Name
cc: Supervisor
Enclosures

Health & Wellness
LOVE to KNOW
Logo will not print with document