

Your Name
Your Address
City, State ZIP Code

Date

Employer Name
Employer Address
City, State ZIP Code

Re: Return to Work After Short-Term Disability

Dear [Recipient Name],

I am writing to inform you of my intent to return to work following my period of short-term disability leave. My physician has cleared me to resume my duties as of [Return Date].

Please let me know if there are any forms or additional documentation required prior to my return. I look forward to resuming my responsibilities with [Company Name].

Thank you for your attention to this matter.

Sincerely,

Your Name
Your Job Title
Contact Information