[Insert Employee Name]

[Insert Employee Address]

[Insert City, State Zip]

RE: [Insert name]–

 Return to Work

 [Insert date of injury]

Dear [Insert employee name],

As per our recent conversation, [Insert physician’s name] released you to return to modified duty work. Modified duties are available for you starting on [Insert day of week], [Insert date]. We expect you to begin work at [Insert time]. Please report to [Insert supervisor’s name] in the [Insert department name] department.

During modified duty, your hours will be from [Insert start time] to [Insert end time] each day for a total of of hours per week. Your wage will be $ per hour while you are on light duty work. We will coordinate your workers’ compensation benefits with your wages for the hours that you work.

It is important to recognize that, as it states in ’s Return to Work Policy, you may jeopardize your workers’ compensation benefits if you fail to report to modified duty work. Please contact me immediately if you have any questions, concerns or problems with these requirements.

Sincerely,

[Insert Supervisor name]

[Insert Supervisor title]