



SAMPLE NOTICE TO TREATING PHYSICIAN FOR EARLY RETURN-TO-WORK PROGRAM

[Date]

[Physician's Name]

[Address]

Re: [Injured Employee's Name]

Dear Dr. [Physician's Name]

We at [Employer's Name] believe it is a benefit to both the employee and our company to return our employees to productive work as soon as possible following an injury. We are prepared to offer temporary, transitional work assignments for our employee while [he/she] is recovering from this injury. Attached is a copy of the employee's job description.

We will welcome employees as part of their work hardening program as well as to modified or alternative duties from their original job. This may include reducing the number of hours per day and/or the number of days per week the employee works. This may vary from day to day or week to week. If the employee is not able to perform any of the tasks of the usual job, we will review the availability of other duties within our company. We will do our best to get the employee back on the job.

Please complete the attached job Function Evaluation form and return it to us as soon as possible. Upon receipt, we will fashion a job or a variety of jobs that do not exceed the limitations that you have defined.

If you believe the employee will have permanent limitations, or will not be able to participate in our program, please let us know soon. We can be reached at [telephone number].

Thank you for your efforts to return our employee to full health and regular work.

Sincerely,

[Employer Name & Title]

Enclosure: Job Function Evaluation Form
Job Description