

# OFFER OF TEMPORARY, TRANSITIONAL WORK

[Date]

[Employee Name]

[Address]

Dear [Employee Name]:

We have received medical information from your doctor that allows you to return to work with restrictions. We have a temporary, transitional work assignment, which is available immediately. Tasks are based on these specific work restrictions. Physician's restrictions (Please describe below or attach report):

Job duties accommodating these restrictions (Please describe):

Modified duty assignment begins (date and time): \_\_\_\_\_ Wage per hour \$ \_\_\_\_\_

Where? \_\_\_\_\_ Number of days per week: \_\_\_\_\_ Total hours per week: \_\_\_\_\_

Days of week to work: \_\_\_\_\_ from: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm

If these duties are other than those performed by you preinjury, the approximate time necessary for new work orientation is \_\_\_\_\_ hour(s).

We want you to feel safe and secure in your return to work. If you are unable to report as assigned, please contact (name) \_\_\_\_\_ at (telephone number) \_\_\_\_\_ as soon as possible and before the beginning date and time listed above.

We look forward to your rapid recovery and return to full duty work. This assignment will be for no longer than 180 days and will be reviewed and reevaluated by upper management every 30 days to determine if it fits our business needs.

Sincerely,

\_\_\_\_\_, \_\_\_\_\_  
Signature Title

Please check one: (\_\_\_) Yes, I accept. (\_\_\_) No, I decline the temporary, transitional assignment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_