

SAMPLE LETTER

*(Insert Date)*

*(Insert name of injured worker)*

*(Insert address of injured worker)*

Re: *(Insert name of agency)* Disability Management/Return to Work Offer of Employment

Dear *(Insert name of injured worker)*

The *(insert name of state agency)* has been advised by your medical provider that you have an established Alternate Duty, Modified/Restricted Duty *(use appropriate category)* work disposition as it relates to your workers' compensation claim. You will only be assigned tasks consistent with your physical abilities as outlined by your medical provider. The Alternate Duty assignment is XXXX . Your Restricted Duty is your previous job classification with the following restricted tasks: *(use appropriate sentence)*

- 1.
- 2.

I am coordinating your work status and return to work with your supervisor to assure all parties are properly informed of the expectations of this return to work assignment.

This correspondence constitutes an offer of *(use appropriate category)* employment with the *(insert state agency)*. Please contact me within five workdays to commence your participation within the program. If we do not hear from you within five (5) workdays, we will assume that you have refused this offer, which may impact your workers' compensation temporary total benefit payments.

We look forward to your return.

Sincerely,

*Insert state agency division*