

# Notification of Transitional Work Assignment



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Notice of employment under the \_\_\_\_\_ Return to Work (Modified Duty) Program

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

Dear \_\_\_\_\_,

\_\_\_\_\_ has a transitional work assignment available for you until a physician releases you to a full work status in accordance with the \_\_\_\_\_ Return to Work program.

Your transitional work assignment will last until \_\_\_\_\_, or until you return to your regular work duties, or the company no longer needs you in this position; the position may be indefinite. The new job assignment will be located at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

where you will maintain a \_\_\_\_\_ modified duty role (see attached job description). The modified duty job is primarily sedentary in nature and entails computer operations, inventory, moving inventory and in-house transfer of parts and/or components as may be permitted and/or required to do so. At no time are you to exceed your stated physician requirements and as such you must self-monitor your capabilities.

Physician, Dr. \_\_\_\_\_, has authorized your return to work in this job and has agreed that this work assignment is within your physical limitations. Attached is a copy of his release. We agree to follow the physician's advice until you are released to full duty.

Your work schedule will be eight (8) hours per day, not to exceed a total of 40 hours per week, Monday through Friday. You will be expected to report to \_\_\_\_\_, Dept: \_\_\_\_\_, Manager: \_\_\_\_\_. Your rate of pay will remain the same, at \_\_\_\_\_. You will be required to clock in and out as before and maintain all applicable records for time keeping.

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Failure to accept this offer will require that any/all further adjustments be handled by the workers compensation carrier and any further offers of employment will be negated. Termination of employment will result.

We look forward to seeing you on \_\_\_\_\_ morning, \_\_\_\_\_,  
clock in time will be at \_\_\_\_\_. If you have any questions please call  
\_\_\_\_\_ and we will be glad to assist you in any way we can.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

(Enclosure)

I have read and fully understand the above information.

I accept this job offer

I decline this job offer

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

Employee Print Name: \_\_\_\_\_