

Expiration of Modified Duty Termination Letter



This letter is for employees who have exceeded the six month Provision of Modified Duty.

Re: Claim Number: _____

Date of Injury: _____

Dear _____,

This letter is to notify you that your temporary transitional duty assignment will be ending on _____. Further transitional duty beyond this date is not available. If you are not released to full duty by this time you will be deferred to workers compensation for any future compensation and/or medical benefits and employment will cease.

We wish you well in your continued recovery. If you should have any questions please call _____. We will be glad to assist in any way we can.

Sincerely,

CC: _____

