

Restricted Duty Work Offer

The injured worker is off work and employer is offering work.

*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the injured employee.

YOUR BUSINESS LETTERHEAD

Employee name
Employee address

We are in receipt of the work restrictions from your physician dated _____.
We have a modified duty position available to you that falls within the restrictions.

Please report to work on _____ at _____ .m. for modified duty work.
We are able to provide _____ hours of modified duty work per day at \$_____ per hour.

If you are required to attend physical therapy or doctor appointments while on restricted duty please notify your employer/supervisor of the scheduled appointments. Any wage loss incurred due to medical appointments related to the injury, or our inability to provide modified duty within your restrictions, will be reported to the workers' compensation carrier for consideration of wage reimbursement.

Please sign the bottom of this letter, indicating your acceptance of modified duty work.

Sincerely,

Employer Signature

Date

_____ I accept this offer of modified duty work, effective _____, at the specified hours and pay.

_____ I decline this offer of modified duty work and I am aware that my workers' compensation income benefits may be impacted due to my refusal.

Claimant Signature

Date