[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Notice of Workers' Compensation Leave

Dear [Employee Name],

We have received notice of your work-related injury/illness that occurred on [Date of Incident]. We understand that you will require a leave of absence for medical treatment and recovery starting [Start Date of Leave].

This letter confirms that your leave is being processed as a Workers' Compensation claim. Your absence will be designated as [Workers' Compensation Leave / FMLA Leave if applicable] concurrently.

While you are on leave, please note the following:

- **Communication:** You are required to keep us informed of your medical status and any changes to your expected return-to-work date.
- **Medical Documentation:** Please provide updated work status notes from your treating physician after each follow-up appointment.
- **Benefits:** [Insert information regarding health insurance premium payments or benefit accruals during leave].

Once your physician releases you to return to work, either with or without restrictions, please notify [Contact Name/Department] immediately at [Phone Number/Email]. We will work with you to determine if reasonable accommodations or light-duty tasks are available if restrictions are issued.

If you have questions regarding your claim or your leave status, please contact [Name of Claims Coordinator] at [Phone Number].

We wish you a speedy recovery.

Sincerely,

[Your Name]
[Your Title]
[Company Name]