[Current Date]

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

Subject: Status Update Regarding Workers' Compensation Leave

Dear [Employee Name],

We are writing to follow up on your current leave of absence related to your workers' compensation claim dated [Date of Injury/Illness]. Our records indicate that your last status update was received on [Date].

To ensure we have the most accurate information regarding your recovery and potential return to work, please provide an update on your medical status. Specifically, we require a current Work Status Note from your treating physician that includes:

- Your current ability to return to work (Full duty, Restricted duty, or Total disability).
- A list of specific physical restrictions, if applicable.
- The anticipated duration of these restrictions or your estimated return-to-work date.

Please submit this documentation to the Human Resources department by [Date]. You may send it via email to [Email Address] or by fax to [Fax Number].

If your medical provider has released you to return to work with restrictions, please contact us immediately so we can evaluate whether we can provide a reasonable accommodation or a light-duty assignment.

If you have any questions regarding your benefits or this request, please contact [Contact Person Name] at [Phone Number].

We wish you a continued recovery.

Sincerely,

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