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

[Date]

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

Re: Offer of Transitional Light Duty Employment

Dear [Employee Name],

Based on the medical restrictions provided by your physician on [Date], [Company Name] is pleased to offer you a temporary light duty assignment. We are committed to assisting your return to work while you continue your recovery.

The details of the assignment are as follows:

- **Position Title:** [Title of Light Duty Role]
- **Start Date:** [Date]
- **Report to:** [Supervisor Name]
- **Work Schedule:** [Days and Hours]
- **Wage:** [Amount] per [Hour/Week]
- **Location:** [Work Site Address]

Job Duties and Restrictions:
The duties of this position have been designed to comply with your current medical restrictions, which include: [List restrictions, e.g., no lifting over 10 lbs, no repetitive bending]. You are instructed not to perform any tasks that exceed these limitations.

This light duty assignment is temporary and will be reviewed periodically as updated medical information becomes available. Please note that refusal of this offer may affect your workers' compensation indemnity benefits.

Please indicate your acceptance or refusal of this offer by signing below and returning this letter by [Date].

Sincerely,

[Name]
[Title]

Employee Acceptance/Refusal:

I [ ] ACCEPT the offer of light duty employment.
I [ ] DECLINE the offer of light duty employment.

_____
Employee Signature

_____
Date