[Date]

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

Subject: Notification of Workers' Compensation Claim Closure

Dear [Employee Name],

We are writing to formally notify you that your Workers' Compensation claim (Claim Number: [Claim Number]) regarding your injury/illness dated [Date of Injury] has been closed.

This closure is based on the following reason:

- [Reason: e.g., Medical release to full duty / Maximum Medical Improvement reached / Settlement reached]

As of [Date], your Workers' Compensation leave is officially concluded. Regarding your employment status:

[Select one option below]

Option 1: You have returned to your regular position with no restrictions.

Option 2: You have transitioned to a modified-duty role as previously discussed.

Please note that any further medical treatments or appointments related to this specific claim must be authorized by the insurance carrier prior to seeking care. If you experience a recurrence or worsening of this condition, you must notify the Human Resources department immediately.

If you have any questions regarding the closure of this claim or your benefits, please contact [Name/Department] at [Phone Number] or [Email Address].

Sincerely,

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