

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

[Date]

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

Re: Notice of Return to Work Offer

Dear [Employee Name],

Based on the medical clearance received from [Physician Name] on [Date], we are pleased to offer you the following return to work opportunity effective [Start Date].

Position Details:

- **Job Title:** [Title - e.g., Modified Duty / Original Position]
- **Work Schedule:** [Days and Hours]
- **Location:** [Department/Address]
- **Wage:** [Amount] per [Hour/Week]

Work Restrictions:

The following restrictions will be observed in accordance with your medical provider's instructions:

[List specific restrictions, e.g., no lifting over 10 lbs, frequent sitting breaks, etc.]

Please report to [Supervisor Name] at [Time] on [Start Date] for your first shift. If you are unable to accept this offer or have questions regarding the duties described, please contact [HR Contact Name] at [Phone Number] immediately.

We look forward to having you back on the team.

Sincerely,

[Signature]
[Printed Name]
[Title]

Employee Acceptance:

I accept this offer of return to work: _____ Date: _____