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

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

Dear [Employee Name],

We are pleased to offer you a temporary modified duty assignment as you recover from your injury/illness. Based on the medical restrictions provided by [Doctor Name] on [Date], we have identified tasks that fit within your current physical capabilities.

Assignment Details:

- **Start Date:** [Date]
- **Position Title:** [Modified Duty Title]
- **Work Schedule:** [Days and Hours]
- **Supervisor:** [Supervisor Name]
- **Pay Rate:** [Rate of Pay]

Work Restrictions and Responsibilities:

Your duties will strictly adhere to the following restrictions: [List specific restrictions, e.g., no lifting over 10 lbs, no prolonged standing]. You are expected to perform the following tasks: [List specific tasks].

It is your responsibility to work within these medical limitations. If you are asked to perform a task that exceeds your restrictions, or if you experience pain while working, you must notify your supervisor immediately.

Please sign below to indicate your acceptance of this modified duty offer and return it to [Department/Name] by [Date].

Sincerely,

[Sender Name]
[Title]

Acceptance:

I accept the modified duty assignment as described above.

Signature: _____ Date: _____