Date: [Insert Date]

To: [Employee Name]
Address: [Employee Address]
Claim Number: [Insert Claim Number]

Dear [Employee Name],

We have received the medical documentation from [Physician Name] dated [Date of Medical Report]. The report indicates that you are cleared to return to work with specific physical restrictions effective [Start Date].

Based on these medical guidelines, we are offering you a temporary transitional position as a [Job Title]. We have reviewed your restrictions and will accommodate your return to work by modifying your duties as follows:

- **Physical Restrictions:** [List restrictions, e.g., No lifting over 10 lbs, no prolonged standing]
- **Modified Duties:** [List specific tasks the employee will perform]
- **Work Schedule:** [List days and hours]
- **Supervisor:** [Name of Supervisor]
- **Location:** [Worksite Address/Department]

Your compensation for this transitional role will be [Rate of Pay] per hour/salaried. Please report to [Name of Person] at [Time] on [Start Date] to begin your assignment.

While performing these duties, you must stay within the physical limits set by your doctor. If you are asked to perform a task that exceeds your restrictions, please notify your supervisor immediately. We will continue to monitor your progress and update your work status as new medical reports are received.

Please sign below to indicate your acceptance or refusal of this offer and return this letter to [HR Contact Name] by [Deadline Date].

Sincerely,

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

Employee Acceptance/Refusal:

[ ] I accept the offer of modified work.
[ ] I decline the offer of modified work.

Employee Signature: _____ Date: _____