Date: [Date]

To: [Employee Name]
[Employee ID]
[Address]

Subject: Offer of Modified Duty Employment

Dear [Employee Name],

Based on the medical documentation received from [Doctor's Name] on [Date], we are pleased to offer you a temporary modified duty position. This assignment is designed to accommodate your current physical restrictions while you await or participate in outpatient therapy.

Assignment Details:

- **Start Date:** [Date]
- **Report To:** [Supervisor Name]
- **Department:** [Department Name]
- **Work Schedule:** [Days and Hours]
- **Rate of Pay:** [Amount]

Work Restrictions:
According to your medical provider, you must adhere to the following limitations:
[List specific restrictions, e.g., no lifting over 10 lbs, no prolonged standing, etc.]

Outpatient Therapy:
We understand that you have been referred for outpatient therapy. Please provide your supervisor with your therapy schedule as soon as possible so that we may coordinate your work hours around your appointments.

Employee Obligations:
While on modified duty, you are expected to stay within your prescribed medical limits. If you are asked to perform a task that exceeds your restrictions, you must notify your supervisor immediately. You are also required to provide updated medical progress reports following each follow-up appointment with your physician.

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

Sincerely,

[Name]
[Title]
[Company Name]

Acceptance/Refusal:

[ ] I accept this offer of modified duty.
[ ] I decline this offer of modified duty.

Signature: _____ Date: _____