[Date]

[Employee Name]
[Employee ID]
[Employee Address]

Subject: Offer of Temporary Light Duty Return to Work

Dear [Employee Name],

Based on the medical documentation received from your healthcare provider dated [Date of Medical Note], we are pleased to offer you a temporary light duty assignment. This offer is intended to facilitate your transition back to the workplace while you await or participate in outpatient therapy.

Assignment Details:

- **Effective Date:** [Start Date]
- **Position Title:** [Temporary Position Name/Light Duty Title]
- **Supervisor:** [Supervisor Name]
- **Work Schedule:** [Days and Hours]
- **Location:** [Department or Office Location]

Work Restrictions and Accommodations:

Consistent with your current medical restrictions, your duties will be limited to the following: [List specific tasks or "As outlined in the attached medical assessment"]. You are instructed not to perform any tasks that exceed the limitations set by your physician, specifically: [List specific restrictions, e.g., no lifting over 10 lbs, no prolonged standing].

Outpatient Therapy:

We understand you are pending outpatient therapy. Please provide your supervisor with your therapy schedule as soon as it is confirmed so that we may accommodate your appointments. You are required to provide updated medical progress reports every [Number] days to evaluate your continued eligibility for this light duty assignment.

Next Steps:

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

Sincerely,

[Name]
[Title]
[Company Name]

Employee Acceptance/Refusal:

[ ] I accept the temporary light duty assignment as described.
[ ] I decline the temporary light duty assignment.

_____
Employee Signature

_____
Date