

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Offer of Modified Duty / Return to Work

Dear [Employee Name],

Based on the medical evaluation provided by [Doctor's Name] on [Date], we are pleased to offer you a temporary modified duty position that accommodates your current physical restrictions. We understand that you have been cleared to return to work with a heavy lifting restriction of no more than [Number] pounds.

The details of your modified assignment are as follows:

- **Position Title:** [Job Title/Modified Role]
- **Start Date:** [Date]
- **Report To:** [Supervisor Name]
- **Work Schedule:** [Hours/Days]
- **Location:** [Department/Address]

Specific Restrictions:

You are strictly prohibited from lifting, carrying, pushing, or pulling any objects weighing more than [Number] pounds. You are instructed to seek assistance or use mechanical aids for any tasks exceeding this limit. Please notify your supervisor immediately if you are asked to perform a task that exceeds your medical limitations.

This modified duty is temporary and will be reviewed periodically as updated medical documentation is received regarding your recovery and workers' compensation claim.

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

Sincerely,

[Name]

[Title]

[Company Name]

Employee Acceptance:

I, [Employee Name], accept this offer of modified duty and understand the restrictions outlined above.

Signature: _____ Date: _____