

[Date]

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

Subject: Restricted Duty Accommodation / Return to Work Offer

Dear [Employee Name],

We have received the medical documentation from your healthcare provider dated [Date] regarding your current physical or medical limitations. Based on these recommendations, we are pleased to offer you a temporary restricted duty assignment.

Your return to work is scheduled for [Start Date] at [Time]. You will report to [Supervisor Name] at [Location/Department].

Based on your restrictions, your duties will be modified as follows:

- [Requirement 1, e.g., No lifting over 10 lbs]
- [Requirement 2, e.g., Frequent breaks for sitting/standing]
- [Requirement 3, e.g., Modified work schedule of 4 hours per day]

Your rate of pay for this assignment will be [Amount] per [Hour/Week]. This restricted duty status is temporary and is scheduled to be reviewed on [Review Date] or upon receipt of updated medical information.

Please note that you must stay within the limitations set by your doctor at all times. If you are asked to perform a task that exceeds your restrictions, you must notify your supervisor immediately.

To confirm your acceptance of this offer, please sign below and return this letter by [Deadline Date].

Sincerely,

[Name]
[Title]
[Company Name]

Employee Acceptance:

I accept the restricted duty assignment as described above.

Signature: _____ Date: _____