[Your Name/Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Offer of Return to Work / Light Duty Assignment

Dear [Employee Name],

Based on the medical documentation received from [Doctor's Name] dated [Date of Medical Report], we are pleased to offer you a return to work effective [Start Date].

We have reviewed your current medical restrictions, which include: [List restrictions, e.g., no lifting over 10 lbs, seated work only]. To accommodate these restrictions, your temporary assignment will be as follows:

- **Job Title:** [Title]
- **Department:** [Department]
- **Supervisor:** [Supervisor Name]
- **Work Schedule:** [Hours/Days]
- **Rate of Pay:** [Amount] per hour/salaried
- **Duties:** [List specific modified tasks]

This modified duty assignment is temporary and will be reviewed periodically as updated medical information becomes available. We will ensure that your tasks remain within the physical limitations set by your physician.

Please report to [Location/Office] at [Time] on [Start Date] to begin this assignment. If you are unable to accept this offer or have questions regarding these duties, please contact [HR Contact Name] at [Phone Number] immediately.

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

Sincerely,

[Signature]
[Printed Name]
[Title]

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**Employee Response:**

( ) I accept this offer of return to work.
( ) I decline this offer of return to work.

Employee Signature: _____ Date: _____