

Date: [Date]

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

Subject: Offer of Transitional Light Duty Employment

Dear [Employee Name],

Based on the medical evaluation provided by [Medical Provider Name] on [Date], we are pleased to offer you a temporary light duty assignment that accommodates your current physical restrictions. This assignment is designed to facilitate your recovery while allowing you to return to work.

Proposed Start Date: [Date]
Work Schedule: [Days and Hours]
Reporting Supervisor: [Name]

Medical Restrictions Accommodated:

- [Restriction 1, e.g., No lifting over 10 lbs]
- [Restriction 2, e.g., No prolonged standing]
- [Restriction 3, e.g., Limited use of right hand]

Assigned Light Duty Tasks:

- [Task 1]
- [Task 2]
- [Task 3]

Please note that you must not perform any tasks that exceed the restrictions set by your physician. If you are asked to perform a task that you feel violates these restrictions, or if you experience increased pain, you must notify your supervisor or the Occupational Health department immediately.

This light duty assignment is temporary and will be reviewed following your next medical appointment scheduled for [Date].

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

Sincerely,

[Your Name]
[Your Title]

Employee Acceptance:

I accept the light duty assignment as described above.

I decline the light duty assignment.

Signature: _____

Date: _____