

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

[Date]

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

RE: Offer of Modified/Light Duty Work

Dear [Employee Name],

We have received the medical evaluation from [Doctor's Name] dated [Date of Medical Report], which indicates that you are cleared to return to work with specific physical restrictions. Based on these restrictions, we are pleased to offer you a temporary light-duty assignment.

Position Details:

- **Job Title:** [Modified Job Title]
- **Start Date:** [Start Date]
- **Work Schedule:** [Days and Hours]
- **Report To:** [Supervisor Name]
- **Location:** [Department/Location]
- **Wages:** \$[Amount] per [Hour/Week]

Description of Tasks and Accommodations:

In accordance with your medical restrictions, your duties will include: [List specific tasks, e.g., filing, answering phones, data entry]. You are strictly prohibited from performing tasks that exceed your current medical limitations, which include: [List specific restrictions, e.g., no lifting over 10 lbs, no prolonged standing].

Please review this offer and sign below to indicate your acceptance. You must return this signed letter by [Deadline Date]. Failure to report to work or respond to this offer may impact your workers' compensation benefits.

We look forward to having you back on the team.

Sincerely,

[Sender Name]
[Sender Title]

Employee Acceptance:

- I accept this offer of modified duty.
- I decline this offer of modified duty.

Employee Signature

Date