

[Date]

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

Re: Offer of Transitional Light Duty Employment

Dear [Employee Name],

Based on the medical evaluation provided by [Physician Name] on [Date], we are pleased to offer you a temporary light duty assignment as part of your physical rehabilitation process. This assignment is designed to accommodate your current physical restrictions while allowing you to return to the workplace.

Job Title: [Temporary Position Title]

Start Date: [Date]

Report To: [Supervisor Name]

Work Schedule: [Days and Hours]

Approved Physical Restrictions:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., No prolonged standing/walking]
- [Restriction 3: e.g., Frequent breaks for stretching]

Specific Job Duties:

- [Duty 1]
- [Duty 2]
- [Duty 3]

Your compensation for this light duty assignment will be [Rate of Pay]. 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 exceeds these limits, please notify [Name of HR/Manager] immediately.

We will continue to review your medical status periodically. Please provide updated medical documentation after your follow-up appointment on [Date of next appointment].

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

Sincerely,

[Name]
[Title]
[Company Name]

I, [Employee Name], [] ACCEPT / [] DECLINE the light duty offer as outlined above.

Signature: _____ Date: _____