

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

**Subject: Offer of Modified Schedule and Light Duty Return to Work**

Dear [Employee Name],

Based on the medical documentation received from your healthcare provider dated [Date of Medical Report], we are pleased to offer you a temporary modified duty assignment. This position is designed to accommodate your current physical restrictions while allowing you to return to the workplace.

**Proposed Work Schedule:**

- **Start Date:** [Date]
- **Days per Week:** [e.g., Monday, Wednesday, Friday]
- **Daily Hours:** [e.g., 9:00 AM to 1:00 PM]
- **Total Weekly Hours:** [Number]

**Light Duty Restrictions & Responsibilities:**

In accordance with your doctor's orders, your duties will be limited to the following:

- [Restriction/Duty 1: e.g., No lifting over 10 lbs]
- [Restriction/Duty 2: e.g., Seated administrative tasks only]
- [Restriction/Duty 3: e.g., Frequent breaks for stretching every 30 minutes]

Your supervisor, [Supervisor Name], will work closely with you to ensure all tasks remain within your prescribed medical limitations. If at any time you feel a task exceeds your physical capabilities or causes discomfort, please notify your supervisor immediately.

This modified assignment is temporary and will be reviewed on [Date] or upon receipt of updated medical information. Please sign below to indicate your acceptance of this modified return-to-work offer and return it to Human Resources by [Date].

We look forward to having you back on the team.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

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**Employee Acceptance:**

I accept the modified schedule and light duty assignment as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_