

Date: [Insert Date]

To: [Employer Name/HR Manager]

Company: [Company Name]

Address: [Company Address]

RE: Vocational Rehabilitation - Request for Light Duty Accommodation

Employee Name: [Employee Name]

Claim Number: [Insert Claim # if applicable]

Dear [Recipient Name],

I am writing to you in my capacity as a Vocational Rehabilitation Counselor working with [Employee Name] regarding their return-to-work process following their medical leave/injury.

Based on the most recent medical evaluation provided by [Doctor's Name] on [Date], the employee has been cleared to return to work with specific physical restrictions. We are formally requesting a temporary light duty accommodation to assist in their vocational recovery.

The employee's current functional limitations include:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., No prolonged standing for more than 30 minutes]
- [Restriction 3: e.g., Limited use of right arm/hand]

Proposed Accommodations:

[Insert specific task modifications or suggested temporary department assignment, e.g., Administrative tasks, safety monitoring, or sedentary assembly work].

These restrictions are expected to remain in place until [Date or Next Evaluation Date]. We would like to schedule a brief meeting or phone call to discuss if the company can accommodate these requirements or if there are alternative positions available that fit within these medical parameters.

Our goal is to ensure a safe, productive, and sustainable return to the workplace. Please let me know your availability to discuss this transition.

Sincerely,

[Your Name]

Vocational Rehabilitation Counselor

[Your Organization/Agency]

[Phone Number]

[Email Address]