

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Notice of Temporary Partial Disability (TPD) Status

Dear [Employee Name],

This letter is to formally notify you regarding your workers' compensation benefits following your work-related injury on [Date of Injury]. Based on the medical evaluation provided by [Doctor's Name] on [Date of Exam], your status has been updated to Temporary Partial Disability (TPD).

The medical report indicates that you are cleared to return to work with the following restrictions:

- [Restriction 1, e.g., No lifting over 10 lbs]
- [Restriction 2, e.g., Limited standing/walking]
- [Restriction 3, e.g., Reduced work hours]

Because you are able to perform limited or modified duties but are currently earning less than your pre-injury average weekly wage, you may be eligible to receive TPD benefit payments. These payments are typically calculated as a percentage of the difference between your pre-injury wages and your current earnings.

Please note the following requirements to maintain your eligibility for benefits:

- You must report all earnings from any source to the insurance carrier.
- You must attend all scheduled medical appointments and follow-up evaluations.
- You must adhere strictly to the physical limitations set by your physician.

If you have questions regarding your benefit calculations or your return-to-work plan, please contact [Claims Adjuster Name] at [Phone Number] or your HR representative.

Sincerely,

[Your Name/Signature]

[Title]

[Company/Insurance Carrier Name]

cc: [Workers' Compensation Board/Commission]