

[Company Letterhead/Header]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Return to Work Experience Modifier Reduction Initiative

Dear [Employee Name],

We are pleased to inform you that [Company Name] is committed to your health and professional well-being. As part of our commitment to safety and operational efficiency, we are implementing a Return to Work (RTW) initiative focused on reducing our Experience Modifier (Ex-Mod) rate while supporting your transition back to the workplace.

Based on your current medical status and the work restrictions provided by your healthcare provider dated [Date], we have identified a transitional, modified-duty position for you. This assignment is designed to accommodate your physical limitations while allowing you to remain a productive member of our team.

Assignment Details:

- **Position:** [Temporary Job Title]
- **Start Date:** [Date]
- **Reporting Time:** [Time]
- **Supervisor:** [Name of Supervisor]
- **Location:** [Department/Location]
- **Modified Duties:** [Brief description of tasks]

This modified duty is temporary and will be reviewed periodically as we receive updated medical documentation regarding your recovery progress. Our goal is to ensure a safe and gradual return to your full, regular duties.

Please report to [Name/Department] on your start date to review the specific safety requirements for this role. If you have any questions or if your medical restrictions change, please contact [Contact Name] at [Phone Number/Email] immediately.

We look forward to having you back with the team.

Sincerely,

[Signature]

[Name of Sender]

[Title]
[Company Name]

Employee Acceptance:

I accept the modified-duty assignment as described above.

Signature: _____ Date: _____