**Sample Letter to Employee**

**Offering Transitional Duty**

*Send first class mail, certified, and return receipt requested*

***Date***

***Employee Name***

***Employee Address***

***Employee City, State, Zip***

Dear ***Employee Name,***

Your physician told us that while they think you should not return to your former job right now, they strongly encourage transitional duty work with certain restrictions. At ***Company Name***, we have a Transitional Duty Policy and will do everything possible to help you return to work rapidly.

We have a position available for you allowing you to work within the restrictions established by your physician. Your medical restrictions and the transitional assignment are described in the attached form.

We would like you to return to work at the date and time specified on the Transitional Assignment Form. Please report to the assignment supervisor specified on the form. Your rate of pay and employment status will not change if you accept this offer of transitional assignment. We hope that returning to work will help speed your recovery and you will be able to return to your former job as soon as possible.

Please indicate below whether you accept or reject the offer of transitional duty work described in the attached form. A pre-paid US Mail Priority envelope is included for your convenience. If you have any questions, please call me at ***Company Phone Number***.

Regards,

***Name***

Injury Coordinator

Enclosures: Transitional Assignment Form

Pre-Paid Envelope

CC: General Manager

Insurance Adjuster

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* **Accept:** I will report to work on \_\_\_\_/\_\_\_\_/\_\_\_\_
* **Reject:** Please attach medical documentation indicating the reason you are not able to perform the job offered.

Print Name Signature Date