

[Date]

[Via Certified and Regular Mail or by Personal Service]

[Claimant's Name and Address]

[Claimant's Attorney, Name and Address]

Re: [Claimant's Name] v. [Employer/Insurance Company].  
W.C. No.  
Carrier No.

Dear \_\_\_\_\_:

I have enclosed an approved light duty position submitted to you in compliance with WCRP 6-1(A)(4).

[Employer Name] has identified a modified job which your designated treating physician, Dr. [Physician's Name], has reviewed and approved. The position is \_\_\_\_\_. Dr. [Physician's Name] has determined you are capable of performing this job. Please see the attached job description, which Dr. [Physician's Name] has approved and signed.

Please report for this position on [Date] at [Time] [Provide at Least 3 Business Days From Claimant's Receipt of Offer]. You will be paid an hour wage of [Hourly Wage].

Your work schedule will be as follows:

Am - Pm

Days:

Hours per Week:

You should report to [Supervisor's Name] on the start date of your modified job at [Time].

Please have your attorney, Mr. [Attorney's Name], contact me with any questions or concerns [If not Represented, Tell the Claimant to Contact You Directly].

We look forward to seeing you and wish you a continued and speedy recovery!

Sincerely,

[Signature]

cc: [claimant's attorney if not directed to above]  
[clients, etc.]

CERTIFICATE OF SERVICE

Certified that this letter was delivered by \_\_\_ hand, or by \_\_mail (Certified letter # \_\_\_\_\_) on [date] to the following parties by [employer representative]:

[Claimant's Name and Address]

[Claimant's Attorney, Name and Address]

Signed \_\_\_\_\_