

Date:

[Employee Name]
[Employee Address]

**Certified Mail
Return Receipt Requested**

Claim #:

Certified Mail#:

Date of Injury:

Dear [Employee First Name]:

Your treating physician has released you to modified work. We have identified a temporary position for you, which your physician states you will be able to perform. Please refer to the attached job task list.

The job is: See Attached. You will receive \$ per hour.

This modified duty job will begin at [Report Time] on [Report Date]. Please report for work at this time and date.

Your work schedule is as follows:

Work Schedule:

Report Time:

Report to:

Phone:

Location:

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

Sincerely,

Employer Signature

Enc.: Signed copy of Letter to Treating Provider with signature dated

Cc: [Employee Name]

Regular Mail

Cc: [Attorney Name]
[Attorney Address]

Certified Mail Number: