##### Notice - Return to Modified Duties

This letter is sent to employees to notify them that they have been released to modified work duties. The letter includes all information necessary to defend a modification petition should the employee not return to work as ordered by this letter.

Dear [EMPLOYEE]:

We have been advised that Dr. [NAME] has approved modified work duties for you. We are able to provide [SPECIFY LEVEL OF WORK: light, medium, or heavy] duties for you that meet the restrictions established by the doctor as noted on the enclosed medical certification until you are able to resume full duties or [DATE], whichever occurs sooner. Dr. [NAME]’s report of [DATE] has provided restrictions consisting of [NAME ALL RESTRICTIONS]. Dr. [NAME] has approved you returning to [NAME POSITION BEING OFFERED].

Report to [LOCATION], [SUPERVISOR NAME] on [DATE] at [TIME] to begin your modified duty assignment. Your salary effective [RETURN TO WORK DATE] is $[RATE]. You will receive no reduction in pay during the assignment. Failure to report to this assignment could jeopardize your workers’ compensation indemnity benefits, and may subject you to disciplinary action.

If you have questions concerning this information, please contact me at [ADDRESS AND/OR TELEPHONE].

Sincerely,

Human Resource Office

Enclosure:

Medical Certification from Doctor

cc: Inservco Insurance Services, Inc.

 Supervisor

Note: This work-related injury does not indicate and should not be interpreted to indicate that you are regarded by the commonwealth as having a disability as defined by the ADA.