Light Duty Offer Letter

Dear ,

[employee name]

, we are offering you a temporary light-duty

position:

|  |  |
| --- | --- |
| Due to your recent | [injury/medical condition] |
| [position name here] | , for up to 120 days. |

This position allows you to remain employed at in a light-duty job role that can accommodate the following restrictions as provided by

on [medical report date] .

[physician name]

[company name]

●

[list restrictions here such as lifting, standing, etc.]

●

[list]

You will be expected to return to work on . Please report to at at .

[location]

[time]

[supervisor name]

[date]

Failure to return to work may result in termination of your position. In addition, your

[date]

temporary total disability benefits will stop on of light duty.

, should you choose to decline this offer

Signature:

Date:

