

## LIGHT DUTY JOB OFFER LETTERS

Below are [links](#) to two different light duty job offer letters.

Use the letter for [Modified Job of Injury](#) if the employee is working at their regular job, with modifications.

Use the letter for [Temporary Alternative Duty](#) if the employee is working light duty at a job other than their regular position.

**WORKERS COMPENSATION**

**Template Letter - Light Duty Job Offer (Modified Job of Injury)**

**(To be used by HR/Department HR) Note: L&I requires a written job offer letter in this format to discontinue wage payments if light duty is not accepted by injured worker.**

Date

*Sent Certified & Regular mail*

[Employee Name]

[Address]

RE : L&I Claim No. \_\_\_\_\_

Dear [employee]:

This memorandum is to confirm that we will temporarily accommodate your physical restrictions by modifying your regular job of \_\_\_\_\_. Your health care provider has approved you to return to modified duties, as outlined in the attached medical report, dated \_\_\_\_\_. The work hours are from \_\_\_\_ [a.m./p.m.] to \_\_\_\_ [a.m./p.m.], [weekday] through [weekday]. You will be paid your regular wage of \_\_\_\_\_.

Your Supervisor, \_\_\_\_\_, has been advised of your physical restrictions. Should you experience any difficulties while performing your duties, you are to report them to your supervisor immediately. If you find that you cannot work or have to leave work because of difficulties, you must report to your Supervisor and then immediately see your attending physician

You must provide a written note from your physician, indicating the reason for being off work, if you are unable to work due to the industrial injury. In addition, we ask that you provide us updated medical information from your physician (in writing), if there is a change in physical restrictions, or every three weeks, whichever occurs first. Please also note that physical therapy and doctor appointments should be scheduled around work hours, if possible.

I will accept this modified duty position: \_\_\_\_\_Yes \_\_\_\_\_ No

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**AFTER SIGNING, PLEASE RETURN THIS LETTER TO YOUR HR REPRESENTATIVE VIA MAIL, FAX, OR IN PERSON**

I wish to welcome you back to work. By reporting to work on \_\_\_\_\_, and by returning this signed document, you have indicated your willingness to work modified duty. We hope your return to work is successful. Should you have any questions or concerns, please do not hesitate to contact me immediately.

Sincerely,

[Employer]

cc: Elena Williams, UW Risk Management

Encl: Physician's Release to Work and/or Job of Injury Job Analysis

**WORKERS COMPENSATION**

**Template Letter – Light Duty Job Offer (Temporary Alternative Duty)**

**(To be used by HR/Department HR) Note: L&I requires a written job offer letter in this format to discontinue wage payments if light duty is not accepted by injured worker.**

Date

*Sent Certified & Regular mail*

[Employee Name]

[Address]

RE : L&I Claim No. \_\_\_\_\_

Dear [employee]:

I am pleased to offer you temporary employment, which will accommodate your current physical restrictions until you can return to work full duty. The job offered is \_\_\_\_\_ located at \_\_\_\_\_. This job is offered on a transitional basis and in accordance with your physician’s release to work, dated \_\_\_\_\_. The essential functions of this job include:

**\*\*\*See attached approved job analysis signed by your physician\*\*\***

The work hours are from \_\_\_\_ [a.m./p.m.] to \_\_\_\_ [a.m./p.m.], [weekday] through [weekday]. You will be paid your regular wage of \_\_\_\_\_. Please note the job reflects the restrictions provided by your doctor on \_\_\_\_\_.

Your Supervisor, \_\_\_\_\_, has been advised of your physical restrictions. Should you experience any difficulties while performing your duties, you are to report them to your supervisor immediately. If you find that you cannot work or have to leave work because of difficulties, you must report to your Supervisor and then immediately see your attending physician

You must provide a written note from your physician, indicating the reason for being off work, if you are unable to work due to the industrial injury. In addition, we ask that you provide us updated medical information from your physician (in writing), if there is a change in physical restrictions, or every three weeks, whichever occurs first. Please also note that physical therapy and doctor appointments should be scheduled around work hours, if possible.

I will accept the light duty job: \_\_\_ Yes/ \_\_\_ No

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**AFTER SIGNING, PLEASE RETURN THIS LETTER TO YOUR HR REPRESENTATIVE  
VIA MAIL, FAX, OR IN PERSON**

I wish to welcome you back to work. By reporting to work on \_\_\_\_\_, and by bringing this signed document, you have indicated your willingness to accept this position. We hope your return to light duty work is successful. Should you have any questions or concerns, please do not hesitate to contact me immediately.

Sincerely,

[Employer]

cc: Elena Williams, UW Risk Management

Encl: Light Duty Job Description  
Physician's Release to Work