Return-to-Work / Modified Duty Offer

A written light-duty offer gets people back sooner and reduces indemnity cost. Fill in the brackets and deliver a copy to the employee.

TEMPLATE LETTER

[Date]

Dear [Employee Name],

We care about your recovery and want to keep you a part of our team. Based on the work restrictions provided by your treating physician dated [restriction date], we are pleased to offer you a modified-duty assignment that fits within those restrictions.

Position / tasks: [describe the light-duty tasks].

Schedule: [days and hours]. Rate of pay: [wage]. Report to: [supervisor name], [location], starting [start date] at [time].

This assignment is temporary and will be adjusted as your restrictions change. Please review the acknowledgment below and let us know if you have any questions.

Sincerely,

[Your name], [Title] — CompShield client

EMPLOYEE ACKNOWLEDGMENT

Please check one:

- ☐ I accept the modified-duty assignment described above.
- ☐ I decline the assignment. I understand declining suitable work within my restrictions may affect my wage-loss benefits.

Employee signature / date

Employer representative / date

This template is a practical employer resource, not legal advice. Consult counsel for your jurisdiction.