

Date:

Employee name and address:

Dear,

After reviewing the information provided by your physician, we are pleased to offer you temporary work assignments to transitional you back to your previous job under our Transitional Work Program (TWP). Our TWP is a time limited (60 days or less) program that facilitates an early and safe return to work under your physician's medical restrictions

We are looking forward to your participation in performing the following meaningful and productive work activities:

These work tasks meet your physician's medical restrictions, as follows:

You are expected to meet _____ <TW Coordinator> on _____ (date and time) to initiate the Transitional Work Program. Please note that if you fail to report to work on the start date, this will be interpreted as a refusal of this offer. Rejection/refusal may have an effect your Workers' Compensation benefits.

As you transition back to your regular job duties in the TWP, you will be paid your regular wages.

Sincerely,

<TW Coordinator>