**Offer of Modified/Transitional Work Assignment Letter**

To: [Employee Name]

From: [Coordinator Name]

Date: [Today’s Date]

**Re: Offer of Transitional Modified Work Assignment**

Date of Injury:

Dear [Employee Name],

After reviewing information provided by your physician, we are pleased to offer you the following Transitional Modified Work Assignment.

Position:

Supervisor:

We believe this assignment is within your capabilities as described by your healthcare professional provided on the “Fitness for Duty” form that outlines your physical capabilities, skills and knowledge. Your expertise is of infinite value to [Agency/Institution].

The provider’s release attached is made a part of the description of this Transitional Modified Work Assignment, and is to be strictly followed. Failure to follow any portion of the descriptions will be considered a violation of work rules and may result in disciplinary action. Know your restrictions and be aware of them at all times.

The Transitional Modified Work Assignment is effective until [Employee Name] next visit to the provider. It may be extended based on the provider’s report; however, extensions may not exceed 120 days without authorization by Human Resources.

I have read and understand the terms and conditions of the Transitional Modified Work Assignment description. If I have questions, I will ask my Supervisor; any differences of interpretation will be brought to the attention of Human Resources. Refusal of this offer may impact your workers’ compensation benefits. We look forward to your return to work.

Employee Signature: Date:

Supervisor Signature: Date:

Coordinator Signature: Date: