

Restricted Duty Work Offer

The injured worker has continued to work in the same position as the time of injury.

- With accommodation -

*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the injured employee.

YOUR BUSINESS LETTERHEAD

Employee name

Employee address

We are in receipt of the work restrictions from your physician dated _____.

We have work available to you that falls within the restrictions and you have continued in your employment within the restrictions.

Please sign the bottom of this letter, indicating your acknowledgment that you have continued to work within your restrictions and return it to our office as soon as possible.

Sincerely,

Employer Signature

Date

_____ I acknowledge that I have continued working within my restrictions.

_____ I am aware that my workers' compensation income benefits may be impacted by any refusal to make myself available for the work that is available within my restrictions.

Claimant Signature

Date