

Date:

[Employee Name]
[Employee Address]

Certified Mail
Return Receipt Requested

Claim #:

Certified Mail#:

Send Job Offer via certified mail

Date of Injury:

Dear [Employee First Name]:

Your treating physician has released you to modified work. We have identified a temporary position for you, which your physician states you will be able to perform. Please refer to the attached job task list.

The job is: See Attached. You will receive \$ _____ per hour. **[Specify dollar amount]**

This modified duty job will begin at [Report Time] on [Report Date]. Please report for work at this time and date.

**[Date to report must be *at least 7 business days*
after mailing this letter]**

Your work schedule is as follows:

Work Schedule: **[Provide hours/day, days/week;
this must comply with work**

Report Time:

Report to: **shift approved in Task Letter]**

Phone:

Location:

We look forward to seeing you and wish you a continued speedy recovery.

Sincerely,

Employer Signature

**[Indicate date
that designated
provider signed
task letter]**

Enc.: Signed copy of Letter to Treating Provider with signature dated _____.

**We recommend also
sending the Job Offer
via regular mail. If the
employee is represented,
also include attorney's
name and address and
mail a copy of the job
offer via certified mail.**

Cc: [Employee Name]

Regular Mail

Cc: [Attorney Name]

Certified Mail Number:

[Attorney Address]

Task Letter signed by designated provider must be mailed with Job Offer Letter