##

**[Date]**

**[Employee name]**

**[Employee address]**

RE: Claim Number:

Employer:

Employee:

Date of Injury:

Dear **[Employee Name]**,

We would like to offer you a position within the restrictions outlined by Dr. **[Last name]**. These restrictions include: **[Exact restrictions as written by the medical provider]**.Your job duties will include: **[Duties outlined in job description]**,which are within your abilities as outlined by Dr. **[Last name].**

We expect you to return to work on **[Date]** at **[Time]**. When you arrive, please report directly to your supervisor, **[Supervisor name]**. You will work from **[Time]** a.m. – **[Time]** p.m. on **[Days of the week]** and will be paid $**[Amount]** per hour. **[Include additional information if necessary to be as specific as possible]**.

If you have any questions regarding this letter, please contact **[Contact name]** at **[Contact number]**.

Sincerely,

**[School representative name]**