

SAMPLE REPORT TO WORK LETTER

USE DISTRICT LETTERHEAD

SEND BOTH REGULAR AND CERTIFIED/RETURN RECEIPT

Date
Worker's name
PO Box/Street address
City, State, Zip

Dear (employee)

Your physician, Dr. () has released you to perform modified-duty work while you are recovering from your injury of (fill in date of injury).

(Employee name), looking at your abilities and taking into consideration our district's needs at this time, we would like to offer you a temporary bridge assignment/temporary modified duty assignment while you are recovering. This assignment falls within the release for work parameters which your physician has provided. You will receive your regular wage for the bridge assignment, (??/hour). Your work week will be (days & hours). You need to report to (Supervisor or District Office Contact) at (address) at (date), on (time). If your doctor or physical therapy appointments cannot be arranged before or after your work hours, arrangements can be made to accommodate them within your work schedule.

I must hear from you by (date), to confirm your start date and to tell you more about your bridge/modified duty assignment. We are very much looking forward to seeing you back at (name) district. You need to know that refusal of this position or failure to respond in a timely manner could result in suspension of your time loss benefits, so it is important that we hear back from you within the above time frame.

We look forward to hearing from you soon,

Sincerely,

(name) Personnel Manager
(name) School District

Cc: Insurer

** Recommended language in the case the worker is not able to work full time to start:

Per your doctor's release, we will start you at (two days per week or 4 hours per day, etc.). We will increase your work hours and/or physical capacity as you recover, with your physician's approval.