**Light Duty - Sample letter 2**

Place on your letterhead

To: Physician of record

Attach: Light duty job title and description

To: [Physician]

Re: Employee Return-To-Work

 [Employee first name] [Employee last name]

[Claim #]

Date of injury: [Month][Day][Year]

We are the employer in the above referenced workers’ compensation claim. As such, we have received a copy of the restrictions you have established for our employee.

At your earliest convenience, please review the attached job description and advise us if the employee can safely perform these job duties in light of the restrictions you have specified.

Please advise if there are any duties which the employee should not perform.

Finally, please indicate the specific date the employee could assume the duties of the attached job description.

So that we can have a complete record, please sign and date your response.

Should you have any questions, please do not hesitate to contact me at [contact information].

Respectfully,

[name]

[title]

enclosure: Job description