

OFFER OF RETURN TO WORK LIGHT DUTY

Date

Name

Address

City, State, Zip

Re: Case No.: (Diocesan Case No.)
Date of Injury: (Date of Injury)

Dear (*Claimant*),

We have been notified by the Diocesan Workers' Compensation Office that you have been released to work within restrictions provided by (*physician of record*), of (*treating facility*). The restrictions are as follows: (*be specific in listing all restrictions given; attach copy of written restrictions*).

At this time, we are able to accommodate your return to work within these restrictions. Please report to work on (*date*), at (*time*). Your position will be (*job title*). The duties of this position are (*list all job duties*). These duties will **not** require physical activities or physical capabilities in excess of the restrictions provided by your doctor.

I do request that you contact me at (*telephone number*) upon receipt of this letter, to inform me of the status of your return.

If you have any questions, please contact me, or you may contact Kathleen Pierce, Director of Workers' Compensation, at 216-696-6525 ext. 3400.

We look forward to your return.

Sincerely,

Director (*Employer*)

cc: Diocesan Workers' Compensation Office
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