

ERTW Letter from Employer to Injured Employee

Return Receipt Requested

(bona fide offer of employment letter must be sent, return receipt requested)

(Date)

(Name)

(Address)

(City, State, Zip)

Dear

We are happy to hear you were released to return to (full/modified duty) work.

We have appropriate work available in the _____
Department(s).

The hours are from _____to_____ on (days of the week) if necessary, we will accommodate your medical appointments. The wage is the same as your pre-injury wage. This is available at the same site as our pre-injury work _____
_____ . All tasks will be within the following restrictions provided by Dr._____.

1.

2.

3.

We will work with you and your physician to further modify the tasks to meet your physical capabilities as you progress toward a full-duty release.

We are looking forward to your return. Please call me at _____(phone number) by _____p.m. on _____(date, approximately one week) to discuss this further. Our business needs require that we reach a decision by _____(two weeks)

Sincerely,

(Name)

(Title)

cc State Fund Claim #, Claims Examiner
All treating MD's with attached addendum