T2 INSURANCE SOLUTIONS LLC

YOUR WORKERS COMPENSATION SOURCE

Modified Duty

Dear employee;

Our company has a desire to provide our injured employees with the best and most efficient medical care for their work-related injuries. Also, our company has developed a modified duty program that will allow our injured employees to return to work on modified duty status by making accommodations for any necessary work restrictions.

Currently, you have been advised by the doctor that you have been released to modified duty status as of the following date _____. This letter serves as notice to you that modified duty is available as of the following date _____ and that you should report to work at the following location

_____

on this date _____and time _____.

Failure to report will be counted as an unexcused absence and you will not be paid for any missed days. Our company feels a strong commitment to providing employees with gainful employment opportunities during their recovery from work-related injuries and would appreciate your cooperation.

If you have any questions, comments or concerns please call us at the following number _____

Accept the modified duty position - ☐

Decline the modified duty position - ☐

Employee Signature:_____ Date: _____