Date

Employee Name

Street

City, State, Zip

Dear Mr./Mrs. Name:

Re: Temporary Restricted Duty Assignment for Date of Injury mm/dd/yyyy

This letter is to inform you that we have received a Patient Status Report from Doctor/Doctor’s Office that you have been released to return to work with restrictions on release date to work. After reviewing the Patient Status Report, we are able to provide you the following temporary restricted duty assignment, effective Light Duty Start Date.

This temporary restricted duty assignment is within your capabilities as provided by Doctor/Doctor’s Office. You will only be assigned tasks consistent with your physical abilities, skills, and knowledge.

This temporary restricted duty assignment will be evaluated approximately every 20 working days and/or with each updated Patient Status Report. This is your first/second/third/etc. temporary restricted duty assignment for this injury and will continue pending DAS approval. If not approved for this 20-day period you will be notified and this assignment will stop immediately.

Location: Work Location

Description of temporary restricted duty assignment: Describe What the Assignment Entails

Duration of assignment: End Date of Assignment

Work hours: For example, 8 hours per day, 5 days per week, overtime

Cost Center: XXXX

Supervisor: Supervisor Name Phone Number: Supervisor Phone Number

Please indicate your acceptance or refusal of this temporary restricted duty and return a copy to the undersigned. Pursuant to Iowa Code section 85.33(3) a refusal of temporary restricted duty must be communicated to your employer in writing at the time of refusal and indicate the reason for refusal. Refusal of suitable temporary restricted duty assignment may impact your workers’ compensation benefits.  If you have any questions, please do not hesitate to contact me.

Sincerely,

Supervisor Name, Supervisor Title

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| --- |
|  |
| **SUPERVISOR SIGNATURE** |

**EMPLOYEE:**

[ ]  I have read and understand the requirements and accept the temporary restricted duty assignment.

[ ]  I have read and understand the requirements but **DO NOT** accept the temporary restricted duty assignment.

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Employee Signature** |  | **Date** |