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| Temporary Work Offer  Workers’ Compensation |

TO:

FROM:

DATE:

RE: Notice of Temporary Restricted-Duty Assignment

This letter is to inform you that based on your [DATE] Patient Status Report (PSR) you are allowed to return to work with restrictions effective [DATE]. After reviewing the PSR, we’ve identified a temporary restricted-duty work assignment starting on [DATE].

Based on your restrictions, we have identified the following tasks for your temporary assignment:

* Job Duties/Tasks

Temporary restricted work assignments might change based on your ongoing medical restrictions or the availability of suitable tasks. It is important that you check your uiowa.edu email account daily to maintain clear communication with your department.

Please bring in your PSR following your next appointment within 24 hours/one business day. This will allow us to reevaluate any restrictions (if applicable) and assess the feasibility of continued participation in a temporary restricted work assignment.

If you do not agree to participate in this temporary work offer, we request that you communicate your refusal within 24 hours through either written hard copy or an email. Please provide specific reasons for your refusal in your response. Please be aware that declining a temporary restricted-duty work assignment could impact your eligibility for Workers’ Compensation benefits and may also run counter to attendance-related work regulations.

By signing below, you affirm your commitment to the following:

1. Abiding by all medical restrictions and temporary work assignments outlined above.
2. Reaching out to me/your supervisor with inquiries or concerns pertaining to your assigned job tasks.

We anticipate your cooperation in carrying out assigned job responsibilities to the best of your ability while adhering to your medical restrictions.

EMPLOYEE NAME Date