[Insert employee name]

[Insert employee address]

[Insert city, state zip]

RE: [INSERT employee name]—Return to Work

Dear [INSERT employee name],

Your physician has released you to return to full duty work. Full duties are available for you starting on [INSERT day of week], [INSERT date]. We expect you to begin work at [INSERT time]. Please report to [INSERT supervisor’s name] in the [INSERT department name] department.

We value your role here at and want to help you avoid future workplace injuries. Our safety programs are designed to help prevent injuries, and we ask that you review your safety manual and handbook to refresh yourself on our standards and expectations. If you feel our safety program does not adequately address preventing the injury you sustained, please advise your supervisor so we can review and develop solutions. Together we can ensure your safety and the safety of all our employees.

It is important to recognize that you may jeopardize your workers’ compensation benefits if you fail to report to full duty work.

Please contact me immediately if you have any questions, concerns or problems.

Sincerely,

[Insert Supervisor name]

[Insert Supervisor title]