Date

Employee Name

Address

Address

Dear \*\*Employee Name\*\*:

This letter is to let you know that we care and are concerned about your recovery. Please be assured that we will continue to work with you during your time of recovery.

We have offered you work within the restrictions placed by your authorized treating physician since you were released to return to work on \*\*Date\*\*.

Please continue to keep us informed of your work status. Please do not hesitate to let us or your crew leader know if you have any questions.

Respectfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature Company Name

cc: USIS/FRSA-SIF Claims Adjuster

File

Sent via certified and regular mail