Modified Work Assignment Offer

Dear ________________________________,

We have received your physician’s recommendations and have found modified work available within the specified restrictions:

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•

Your modified duty is available as of: _______ / _______ / _______

Your job duties will include:

•
•
•
•

You will report to: ________________________________

Your hours will be: ________________________________

Your wage will be: ________________________________

Should you have any questions regarding this modified duty offer, please contact:

Name: ________________________________ Phone Number: (____) ____________

Employee Signature: ________________________________ Date: _________________

Employer Signature: ________________________________ Date: _________________

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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