

**EARLY-RETURN-TO-WORK PROGRAM: DAY ONE MEMO**

TO:

FROM:

SUBJECT: TEMPORARY MODIFIED/TRANSITIONAL – DUTY ASSIGNMENT  
DAY ONE:

I am pleased we are able to offer you this temporary modified/transitional-duty assignment during your recovery.

The tasks assigned are based on your physician’s medically documented restrictions. You should not at any time exceed your medical restrictions and/or any hour limitations. If you feel you are being asked to do so, contact \_\_\_\_\_ immediately.

This temporary modified/transitional-duty assignment will be reviewed as we receive updates to your restrictions from your physician, and at a minimum after 30 consecutive calendar days starting on Day One noted above.

However, if you are not released to your regular job within 30 days but you are progressing toward recovery, this temporary assignment may be extended for a limited time. But if your doctor documents that you will be unable to return to your regular job because of permanent medical restrictions, we must consider other employment options for you. Therefore, it is important that you, your doctor, and I remain in regular contact with regard to your progress toward recovery. In the event that you may not be able to return to your regular job, you should notify \_\_\_\_\_ immediately. Other employment options or benefit opportunities can be explored.

We look forward to your return to your regular assignment.

If you have any questions, call \_\_\_\_\_

**I have read and understand the above information.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Copy to: Employee, Personnel,  
Original to SAIF employee file