



Notice of Transitional Work Assignment

Employee:	Claim #:
Employer:	Date of Injury:

Dear Employee:

Your physician, Dr. _____, has released you to transitional work with the following work capacities (or see attached medical):

We have identified a transitional work assignment for you which is within the guidelines provided by your doctor. Since the work is temporary, the availability of this work assignment will be periodically re-evaluated. The work tasks are:

Please report to work:

Date:

Time:

Please report to:

Anticipated hours/day:

Anticipated days/week:

Rate of Pay: _____. If your average weekly wage is less than 80% of your regular earnings, you may be entitled to wage loss benefits from Zenith Insurance.

If you receive this letter after the report to work date, you will have 24 hours to contact: _____

Failure to report to work could affect your entitlement to Temporary Disability Benefits.

We look forward to seeing you and wish you a speedy recovery.

Sincerely,

Employer Name, Title

Date