Expiration of Modified Duty Termination Letter

This letter is for employees who have exceeded the six month Provision of Modified Duty.

Enter Today's Date

Enter Employee Name

Enter Employee Address

Enter Employee Address

Re: Claim Number: Enter Claim Number

Date of Injury: Enter Injury Date

Dear Enter Employee Name,

This letter is to notify you that your temporary transitional duty assignment will be ending on Enter Assignment End Date. Further transitional duty beyond this date is not available. If you are not released to full duty by this time you will be deferred to workers compensation for any future compensation and/or medical benefits and employment will cease.

We wish you well in your continued recovery. If you should have any questions please call Enter Company Phone Number. We will be glad to assist in any way we can.

Sincerely,

Enter Your Name

Enter Company Name & Your Title

CC: Enter Work Comp Carrier Name

Enter Employee Attorney if Necessary

Enter Type of Mail Sent By