

MEMORANDUM

DATE:

TO: [Employee's Name]

FROM: [Supervisor's Name or RTW Coordinator]

RE: *End of Temporary Restricted or Light Duty Assignment*

The purpose of this memorandum is to notify you that your Temporary Restricted or Light Duty Assignment will end on **[Effective Date]**, for the following reason(s):

- The Preferred Physician or Preferred Healthcare Professional has released you for return to previously assigned job duties.
- The Preferred Physician or Preferred Healthcare Professional indicates you have permanent restrictions or disability that will prevent you from returning to your previously assigned job duties.
- Appropriate restricted or light duty assignments are not available or are no longer available.
- The term of your Temporary Restricted or Light Duty Assignment has ended.

Please contact me at **[phone number]** to discuss options available to you regarding your employment status and benefits.

c: RTW Coordinator
State Insurance Fund