

**Memorandum**

**Date:**

**RE: Company Return to Work Program**

Dear Medical Provider:

Our employees are the most important assets of our company.

When one of those employees is injured, we are committed to helping him or her return to work as soon as it's medically appropriate, both for the well-being of the employee and our company.

That is why we've implemented a Return to Work program. Through this program, we work with medical providers and injured employees to facilitate recovery and a return to the workplace. Our program includes options such as temporary modifications of work schedules and duties. We can also create temporary positions to accommodate an injured employee's physical capabilities. If an injury results in permanent restrictions, we strive to accommodate the employee's needs in compliance with the Americans with Disabilities Act.

If you have any questions about our Return to Work program or you would like to learn more about our workplace safety programs, please contact me directly.

Thank you for your assistance in this matter.

Sincerely,

**Contact Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_