

Workers' Compensation – Light Duty Offer

Today's Date: _____

Employer: _____

Employee: _____

Date of Loss: _____

Claim Number: _____

Authorized Treating Physician: _____

NOTICE TO INJURED EMPLOYEE:

_____ As your employer, we CAN accommodate light duty work under workers' compensation.

_____ As your employer, we CANNOT accommodate light duty work under workers' compensation.

If light duty can be accommodated, you will be required to report to work on the first available work day following your light duty release.

Employee Signature: _____

Date: _____

I have advised our employee (in person / by phone / by mail) that light duty is available and he/she is expected to return to work on the next available return to work date.

Employer Signature: _____

***Date:** _____

***Copy provided to MMMA-Claims Management of Missouri, LLC**