**Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In cooperation with the *Workplace Safety and Insurance Board (WSIB)*, TUCKER HI-RISE CONSTRUCTION has implemented a successful Return to Work Program. This Program is intended to permit a return to work activity for individuals such as yourself who may have suffered a work related injury.

This letter is to advise you that TUCKER HI-RISE CONSTRUCTION is offering you modified duties as noted in the enclosed Suitable Modified Work Job Description Form. These duties are available for you on either a full-time basis or on graduated hours if necessary, at your pre-accident wage.

Under the WSIA, as a worker you are required to cooperate in your return to work by:

* Contacting your employer as soon as possible after the injury occurs and maintain communication throughout the period of your impairment and recovery.
* Assisting your employer, as may be required or requested, to identify suitable employment that is available and consistent with your functional abilities and that, when possible restores your pre-injury earnings.
* In addition, we the employer, will provide additional modified duties based on standard medical restrictions and information documented on the **Form 8** and/or Functional Abilities Form.

TUCKER HI-RISE CONSTRUCTION is prepared to accommodate any medical restrictions that you may have with respect to your injury. We are prepared to allow you to work at your own pace, take breaks and rest as needed, alter your position from sitting to standing as required and are prepared to accommodate any time off work (within reason) that you may require to attend any further medical treatment for your compensable injury. In order to minimize disruption with your return to work, we ask that all medical appointments, including physiotherapy, be arranged for the end of the day, if possible.

In order to facilitate your safe return to modified work we ask that you take the attached letter and Modified Work Job Description to your doctor and request the third page of Form 8 be completed and returned. Should your treating physician include additional precautions on Form 8 (including transportation), they will be accommodated provided they are medically warranted.

Please return the completed form to my attention the same day it is completed by the attending physician.

Please sign this letter confirming you intend to accept the modified work being offered to you. This work will be within your capabilities and limitations as approved by your treating physician.

Yours sincerely,

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 Management Worker

Attachment: Letter to Doctor with Modified Job Description Form

Copy with employee’s signature for file