



***No Restricted Work Available
RE: Work Related Injury***

Employee: _____ ***Department:*** _____

Supervisor: _____ ***Title:*** _____

Human Resource Representative: _____

Date: _____ ***Date of WC Injury:*** _____

The above employee is released to work with restrictions per the _____ Patient Status Report.
Month/Day/Year

We have considered restricted assignment; however, are unable to identify tasks in the department that have value. We have considered partial work hours (two, four or six hours per day) and temporary accommodations.

The employee's restrictions would need to be lessened to: _____

_____ for work to be assigned.

Submit to the Benefits Office, thank you.