***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

We received a physician’s note dated ***<DATE>***. ***<NAME OF DOCTOR>*** informs us you have the following permanent work restrictions:

***<List restrictions – if multiple, use bullets>***

In accordance with the County’s Disability & Reasonable Accommodation Policy (copy enclosed), we are able to accommodate your restrictions to enable you to perform the essential functions of ***<JOB TITLE>*** position. This will be accomplished by:

***<State the accommodations in detail>***

***<Add language regarding who to contact and/or information regarding returning to work.>***

Please advise your Supervisor if you are having difficulty performing any assigned work with the current accommodations, or if there is work that you believe may not be consistent with your work restrictions. Please advise the Department immediately if your work restrictions change or if the current accommodation may need to be revisited in order to be effective.

If you or your treating physician have any concerns or question, please contact me at **<565-xxxx>**.

Sincerely,

***<Dept Designee>***

cc: ***<DM Analyst Name>***, Disability Management Analyst

 Intercare Holdings Insurance Services INC (only if occupational)

 Confidential Medical File