

**TEMPORARY WORK RESTRICTION LETTER**

Date

County of Los Angeles (Department Name)  
Return to Work Coordinator  
Address  
City, State Zip

RE:           Employee:  
                  Employee#:  
                  Dept.#/Dept. Name:  
                  Claim #:  
                  DOI:  
                  P&S Received:  
                  Last Payment of T.D.:

The following temporary work restrictions are established on medical and related data. Their purpose is to prevent further injury to the employee. Please inform the employee of these restrictions in writing, and for his/her protection, make it part of the employee's confidential medical file. These restrictions should be strictly observed on any and all assignments to avoid aggravation of the existing disability, re-injury or creation of a hazard for other employees. The temporary work restrictions are as follows:

Based on \_\_\_\_\_'s (specialty) report of \_\_\_\_\_, the employee is precluded from  
\_\_\_\_\_  
\_\_\_\_\_

Please schedule an interactive meeting with the employee to determine whether or not he/she can return to their usual and customary job or another position within the County with or without a reasonable accommodation. Please remember that you have 30 days from the last payment of Temporary Disability to offer the employee a job to minimize additional costs to the County.

If the employee can return to their usual and customary job, confirmation should be provided to the employee utilizing a DWC-AD 10118.

If the employee cannot return to their usual and customary position, a job offer should be made utilizing the RU-94 (for dates of injury before 1/1/04) or the DWC-AD 10133.53 (for injuries occurring on or after 1/1/04)

A permanent work restriction letter will be sent following final resolution of this claim.

Sincerely,

Claims Examiner

c:     CEO-Admin. Disability mailbox  
       Defense Counsel