som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Workers’ Compensation**  **Return to Work - no** |
|  | | Date of Injury :  Return to work :  som\_returntoworkdate | Som\_dateinjurywasreported |

Dear fullname:

The Disability Management Office (DMO) has recently been notified that you have returned to work and can resume your regular duties on the date referenced above.

We are pleased to learn of your recovery, if you have any questions regarding your workers’ compensation claim, please contact the DMO at 877-443-6362, Option 2.

Wishing you the best of health.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor