

# Return-to-Work Policy (SORM-85)

TO: EXAMINING HEALTH CARE PROVIDER

RE: \_\_\_\_\_  
Employee Social Security Number

From: \_\_\_\_\_  
Name of State Agency

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**It is our desire to assist our employee and your patient to return to work as soon as possible, and to assist him/her in performing essential job functions at this agency. The information you provide us is vital to us regarding the following:**

- A. Employee's working without risk of further injury;**
- B. Provision of a temporary duty assignment if necessary that meets the employee's needs and the needs of this agency;**
- C. Provision of any temporary, reasonable accommodations to aid the employee in performing his/her duties.**

**Our goal is to create opportunities for our employee to return to a safe, productive work as soon as medically possible.**

If you have any questions regarding our return-to-work policy or the information requested, please contact

\_\_\_\_\_  
Name & Title Phone Number

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The following information is provided to assist you with processing of the workers' compensation claim:

Insurance Carrier: State Office of Risk Management  
Phone Number: 512-475-1440  
Fax Number: 512-472-0228  
Mailing Address: PO Box 13777  
Austin, TX 78711-3777