

 Notice to NYSIF of a Potential Case for Early Return-to-Work

The following injured employee has been identified by our company as a possible participant in our Early Return to Work program:

**Claimant Name**

**NYSIF** **Claim No.** **Date of Accident**

**Name, address and telephone number of treating physician:**

## Name

## Address

**Phone No.**

**Our ERTW Coordinator:**

**Name** **Date** 8/19/16

**Address**

## Phone No. E-mail

## Enclosures:

## Job Demands Analysis Form (Copy NYSIF and treating physician)

## Doctor Notification Letter completed by doctor (Copy NYSIF upon receipt)

## Physical Capabilities Worksheet completed by doctor (Copy NYSIF upon receipt)

Return-to-Work Availability Letter (**Copy NYSIF when issued to employee)**