

Date:

Name

Address

Dear applicant:

This letter is to inform you that you have been found medically fit, **with limitations**, to work for the (Name of School District) as a (Job Title), conditional on the following restrictions and compliance: **You are not, at any time during your employ with the District**, to (list any specific restrictions that were provided in the summary report from POPP medical provider).

It is imperative that you comply with these medical restrictions; your continued employment with the District will be contingent upon your accepting the personal responsibility for, and compliance with, these specific limitations. I sincerely hope that you will do your part as a responsible employee by strictly adhering to the above conditions.

The following District personnel will receive copies of this letter describing your conditional employment: (employee supervisor if applicable). A copy will also be placed in your personnel file.

I congratulate you on your being selected for the (Job Title) and wish you a long and successful career in the (Name of School District).

Sincerely,

(District Administrator)  
(Name of School District)

I acknowledge receipt of this letter and agree to its terms and conditions:

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Applicants Signature

Date: