LETTER SHOULD BE TYPED ON EMPLOYER'S LETTERHEAD

CURRENT DATE

Mississippi Attorney General's Office c/o Law Enforcement Officers and Fire Fighters Disability Benefits Trust Fund P. O. Box 220 Jackson, MS 39205-0220

Re: EMPLOYEE NAME AND SSN

Dear Fund Administrator:

As part of the policies and procedures of the Law Enforcement Officers and Fire Fighters Disability Benefits Trust Fund, (EMPLOYER NAME) is required to notify the Mississippi Attorney General's Office when (NAME OF EMPLOYEE) returns to work. As of (DATE EMPLOYEE RETURNED TO WORK), (EMPLOYEE NAME) returned to his/her official employment duties on a part-time/full-time (select one) basis and from this day forward will be receiving compensation for these duties. I certify (EMPLOYEE NAME) will be receiving (COMPENSATION AMOUNT) per hour/week/month (select one). Insert the last sentence only if the employee is returning on a part-time basis: I will promptly notify the Mississippi Attorney General's Office when (EMPLOYEE NAME) returns to work on a full-time basis.

Sincerely,

(SIGNATURE AND TITLE OF EMPLOYER REPRESENTATIVE)

Note: Employer must use this format when reporting the employee's return to work date (on both a part-time and full-time basis). Information in bold print should be filled in by the employer for the applicable employee. Letter should be typed on employer's official letterhead.