

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.