

Enhanced Disability Management Program



Your Name  
Your Address  
Your City, Province, Postal Code  
Your Phone Number

**Date**

Name  
Title  
Company  
Address

Dear [Manager],

[Employee's name] has been enrolled in the Enhanced Disability Management Program (EDMP) through [Referral Source]. The EDMP is a jointly-developed, employee-centered, customized resource for employees with work and non-work related illness and/or injury.

Please assume this employee will participate in the EDMP until you are otherwise notified. [DMP Advisor name] will be in contact with you to discuss [Employee's name]'s return-to-work.

Please contact me if you have any questions or concerns regarding this employee's participation in the EDMP.

Sincerely,

DMP Associate

DMP Associate contact information

CC: DMP  
EDMP Steward

