**Formal Job Offer**

**(***Option:* *complete on company letterhead***)**

**Re:** *Name of Claimant* **Date**

*Claim Number*

*Date of Injury*

**Dear:** *Name of Clamant,*

Please consider this offer for reasonable continuous modified duty work approved by your attending provider while you are recovering from your industrial condition. Please see the attached job description and details of your light/modified duty position. The following are the details of your job offer and start date:

|  |
| --- |
| **❑ Your return to work start date is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **❑ Job site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **❑ Your wages are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour**  **❑ Your hours are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **❑ The days you are scheduled to work are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **❑ Report to Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

You should remain in contact with your attending provider and notify your supervisor upon any change in your medical condition or your work restrictions. It is extremely important that you do not exceed your restrictions. Your supervisor has been made aware of your restrictions and has been advised not to exceed them. Transitional work is temporary and is continued as progress is made toward a return to full-duty work. Please understand you are subject to all personnel policies while working this temporary position.

Please indicate below whether or not you accept this transitional return to work job offer. Department of Labor & Industries has been notified of this offer. Please note: failure to accept this valid job offer will be considered a voluntary quit and can affect your current and future benefits.

If you have any questions, please contact me prior to your start date.

Sincerely,

*Name of person offering position*

*Address*

*Phone number*

*\_\_\_\_\_* Yes, I accept this offer.

\_\_\_\_\_ No, I do not accept this job offer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

Enc: Job Tasks/Description Approved by Attending Provider.