

Formal Job Offer

To:

Date of offer:

Claim Number#

DOI:

Job Title Offered:

Dear: _____

We are sorry to hear of your work injury. However, I am pleased to offer a light duty position. Please consider this offer for reasonably 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. Although your offer begins on _____ it is available immediately upon receipt if you so choose. The following are the details of your job offer and start date:

You will report to work on: _____
Report to this job site address: _____
Your wages are: _____
Your hours are _____ hours from: _____
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 and that your supervisor has also been made aware not to exceed your restrictions. Training may be provided to help you satisfactorily complete the assigned business duties not previously performed. This is for your protection.

Please understand as a valued employee, you will continue to be subject to all personnel policies and to all hiring and employment requirements which may include verification of employment eligibility and/or possible drug testing.

Please indicate below whether you accept or decline this continuous return to work job offer, as the Department of Labor & Industries has been notified of this offer. Please note, failure to accept this valid job offer can affect your current and future time loss benefits and may be considered a voluntary quit. This employment relationship is an At-Will hire which means both we as the employer and you as the employee are free to end this relationship at any time with or without cause.

If you have any questions, please contact me at _____

prior to your start date.

Sincerely,

_____ Yes, I accept this job offer.

_____ No, I decline this job offer.

Employee's Signature

Date

Enc: Job Tasks/Description Approved by Attending Provider.