

Sample Letter Making a Bona Fide Offer of Employment

All letters making a bona fide job offer should be coordinated with the insurance carrier to ensure that all current requirements are met prior to mailing.

(CERTIFIED MAIL-RETURN RECEIPT REQUESTED)

(Date)

(Employee Name and Mailing Address)

Re: Bona Fide Offer of Employment

Dear (Employee Name):

After reviewing information provided by your treating physician, we are pleased to offer you the following temporary work assignment.

We believe this assignment is within your capabilities as described by your treating physician on the attached "Work Status Report". You will only be assigned tasks consistent with your physical abilities, skills and knowledge.

If any training is required to do this assignment, it will be provided.

Job title: _____

Description of physical requirements this position: _____

Location: _____

Duration of assignment: From: (_____) To: (_____)

Work Hours: From: (_____) To: (_____) Wages: _____(Hour, Week, Month)

Department: _____ Supervisor _____

This job offer will remain open for five (5) work days from your receipt of this letter. If we do not hear from you within five (5) work days, we will assume that you have refused this offer that may impact your temporary disability payments.

We look forward to your return. If you have any questions, please do not hesitate to contact me.

Sincerely,

(Signature and Title)

OFFER OF EMPLOYMENT AGREEMENT:

Employer: _____

Employee: _____

We agree that the following represents the restrictions under which you are able and have agreed to return to work as of _____.

The restrictions are:

We will not require you to perform any tasks beyond those restrictions. **If you are asked to perform such a task by any of our employees, please decline.** They may not be aware of your restrictions.

By signing below, you agree and verify that you will not do anything beyond the noted restrictions, either here at work, beyond the work site, home, or at recreation, until the treating physician has released the restrictions and we have been notified to that effect.

_____ Date: _____

Signature of Employer

_____ Date: _____

Signature of Employee
