Return-to-Work Program

Sample Offer of Employment Letter

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

*(Company Letterhead)*

CERTIFIED MAIL—RETURN RECEIPT

Date

Employee name Mailing address

Re: Offer of Employment Dear (Employee name):

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

We believe this assignment is within your capabilities as described by your doctor on the attached Return-to-Work Status Form. 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: | | |
| Physical requirements of 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) workdays from your receipt of this letter. If we do not hear from you within five (5) workdays, we will assume that you have refused this offer of employment. Refusal of this offer may impact your Temporary Wage Loss Benefits. We look forward to your return. If you have any questions, please do not hesitate to contact me.

Sincerely,

*(Signature and title)*

(10.15.12)

© 2012 GuideOne Center for Risk Management, LLC. All rights reserved.

This material is for information only and is not intended to provide legal or professional advice. You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.