*(Certified Mail – Return Receipt) (Date)*

*(Employee name) (Employee address line 1) (Employee address line 2) (City, State, Zip)*

Re: Bona Fide Offer of Employment Dear *(Employee Name)*:

After reviewing information provided by your doctor, we are pleased to offer you the following temporary work assignment. Please see the attached Individual Return to Work Plan for details.

We believe this assignment is within your capabilities as described by your doctor on the attached Transitional Work Assignment 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: Click or tap here to enter text.

Location: Click or tap here to enter text.

Duration of Assignment: Click or tap here to enter text.

Wages: Click or tap here to enter text.

Department: Click or tap here to enter text.

This job offer will remain available for ten (10) business days from your receipt of this letter. If we do not hear from you within ten (10) business days, we will assume that you have refused this offer. Please note that refusal of an employment offer may impact your Temporary Income Benefit payments.

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

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

*(Signature)*

*(Printed Name and Title) (Contact Information)*