DATE

CLAIMANT FULL NAME  
MAILING ADDRESS  
CITY, STATE, ZIP

Re: Light Duty / Transitional Job Offer  
Claim Number: CLAIM NUMBER  
Enclosures: Medical Report, Job Description Form

Dear CLAIMANT FIRST NAME,

I am pleased to hear of your ongoing recovery from your work-related injury. COMPANY NAME looks forward to your successful return to work.

I would like to offer you this light duty / transitional position that meets the medical restrictions outlined by your physician in the enclosed medical report. The Light Duty Pathway position is a FULL / PART time job. You will be working WEEKDAY through WEEKDAY, from START TIME to END TIME. You will be compensated at $DOLLAR AMOUNT per hour, and will continue to be eligible for any company benefits that you were receiving at the time of your injury. If this is less than your regular salary, you may qualify for Loss of Earning Power Benefits. A copy of the Job Description Form further outlining the duties of the position is enclosed.

Your supervisor will be SUPERVISOR NAME. They have been advised of your current physical restrictions. The supervisor was also informed that your doctor has approved the attached Job Description Form. It is our goal that all employees work in a safe and injury free environment. Should you experience any difficulties in the performance of your newly assigned duties, you are to report them to your supervisor immediately. Your supervisor will work cooperatively with you to prevent re-injury or aggravation of your present physical condition.

Please contact me with your acceptance or denial of this offer by DATE. If you do not accept this job offer, it may affect your time loss compensation benefits. Should you accept, your first day of work in your new position will be WEEKDAY, MONTH, DAY, YEAR at TIME. Please also feel free to contact me if you have questions about this job offer. I look forward to hearing from you.

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| Sincerely,  YOUR FULL NAME  YOUR TITLE  T: YOUR PHONE  E: YOUR EMAIL | Yes, I accept this job offer and will report to work as indicated above.  No, I decline this job offer  ------------------------------------------------ ------ ---------------  Claimant Signature Date  CLAIMANT FULL NAME |