

Work Offer

The injured worker has continued to work in same position as the time of injury.

- No accommodation required -

*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the injured employee.

YOUR BUSINESS LETTERHEAD

Employee name
Employee address

We are in receipt of the work restrictions from your physician dated _____. Please be advised that your current position falls within the restrictions. This job remains available to you through the period of restricted duty.

Please sign the bottom of this letter indicating your acknowledgment that you have continued to work in your current position and return it to our office as soon as possible.

Sincerely,

Employer Signature

Date

_____ I accept this work offer.

_____ I decline this work offer and am aware that my workers' compensation income benefits may be impacted by this refusal.

Claimant Signature

Date