

Dear _____:

I am pleased to offer you temporary/transitional work that will last for 90 (or 120) days and will accommodate your current physical capacities. Your duties will be within the temporary work restrictions recommended by your health care provider. The position will be _____.

Please report to :

_____ School
{Address}

On: _____, 2013
At: 8:00 am

Your supervisor will be:

Phone: _____

This position will be your regular wage. If at any time, you receive less than 95% of your regular salary, you may qualify for loss of earning power benefits while performing this job.

Your supervisor has been made aware of your current physical restrictions and was also informed that your doctor approved the tasks. Should you experience any difficulties in performing your duties, you are to report to your supervisor immediately. You are expected to adhere to the restrictions given by your health care provider. If you have any questions about the nature or extent of the restrictions, please let your supervisor know. If you think you are ready to transition into other work or greater duties, please let your supervisor know. Do not start performing additional tasks on your own. You will be expected to abide by the restrictions given to you or can be disciplined for not doing so. It is our goal that all employees work in a safe and injury free environment.

Should you decide not to accept this offer of employment, please call me. If I do not hear from you and you do not report to work as scheduled. I will have to assume that you have decided not to accept this offer. If you do not accept this job offer, it may affect your time loss benefits.

If you have any questions or concerns, do not hesitate to contact me at _____.