

SCHOOL DISTRICT LETTER HEAD

SAMPLE JOB OFFER LETTER

Date

Employee Name
Address

RE: D/Injury:
Claim # :

Dear :

According to the medical information received from your doctor, you are able to return to work effective MM/DD/YYYY in a transitional capacity (see attached medical information). We are offering you a **temporary transitional job** to help you return to your regular job; the position being offered is that of Job Title. The details of this offer are subject to all hiring and employment requirements. The details of our offer are as follows:

- 1) You will report for duty on MM/DD/YYYY. Your shift will begin at 00:00 AM/PM and will end at 00:00 AM/PM. You will be scheduled for ## shifts per week.
- 2) You will report to Name & Title, who will act as your direct supervisor.
- 3) Your wage will be \$\$\$\$ per hour/month/year and you will receive benefits in accordance with district policy.
- 4) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

Should you have any questions regarding this letter, please contact your ESD 112 Workers' Compensation Claims Adjuster, at (360)750-7504. Please contact your district at no later than MM/DD/YYYY to accept or decline this job offer.

Additionally, please check the appropriate box below and return this letter to the district no later than MM/DD/YYYY. If you do not call the district by MM/DD/YYYY and/or you do not show up for work on MM/DD/YYYY, your time loss benefits may be affected.

_____ I ACCEPT THIS OFFER
_____ I DECLINE THIS OFFER (L&I time loss benefits may end)

Employee's Signature Date _____

Enclosures: Physician-Approved Return-to-Work Form