

Sample Mailed Job Offer Letter

1 Date:

Name of Employee:

Certified Mail:

Employee Address:

Return Receipt Requested: [Proof of certified mailing]

Claim #:

Certified Mail#:

Date of Injury:

Dear (Injured worker's name):

Your treating physician has released you to modified work. We have identified a temporary position for you, which your physician states you will be able to perform. Please refer to the attached job task list.

2

The job is: See Attached. You will receive \$_____ per hour. [Specify dollar amount]

This modified duty job will begin at _____ on _____. Please report for work at this time and date.
[7 business days from date mailed; 10 days if out of state]

3

Your work schedule is as follows: [Work shift as approved by treating physician]

Hours/day and days/week:

Report Time:

Report to:

Phone:

Location:

Sincerely,

Employer's Signature

4

Enc.: Signed copy of the Task Letter to Treating Provider dated _____.

[Task Letter must be signed and dated by the treating physician]

Cc: Injured Worker

Regular Mail

Cc: Attorney (if appropriate)

Certified Mail Number: _____

[Include the injured worker's name and address
Include the attorney's name and address]