

UNIVERSITY OF OREGON

WORKERS' COMPENSATION JOB OFFER LETTER

Early return-to-work is an essential part of the University of Oregon's workers' compensation program. Transitional or modified work should be provided whenever possible to employees who are temporarily unable to return to regular job duties as a result of a compensable workers' compensation claim. Transitional/modified work must be within an employee's physical capacities. It may be a modification of the regular job duties or a temporary reassignment. The Claims Manager is available to assist supervisors with workers' compensation issues including transitional/modified work.

A transitional/modified job offer letter will be completed for any employee returning to work with temporary restrictions associated with a workers' compensation claim. Prior to returning to work, employees must turn in a completed [University of Oregon Employee Status Report \(ESR\)](#) or other work status report completed by the physician. A supervisor (unclassified employee) is responsible for completing the transitional/modified job offer letter.

INSTRUCTIONS FOR COMPLETING THE JOB OFFER LETTER

1. Obtain the [University of Oregon Employee Status Report \(ESR\)](#) or other work status report completed by the physician from the employee.
2. Determine transitional/modified work job duties within the restrictions set by the physician.
3. Contact the Claims Manager (see below) for assistance completing a job description (this is not a position description).
4. Complete the attached job offer letter (Note: It is a two-page form with the OAR on the back of it).
5. Attach a copy of the physician's modified work release to the job offer letter.
6. Have the employee read and sign the job offer letter.
 - a. If the employee is not currently working, send the letter to him/her by regular AND certified mail. This assures that the employee receives notification of when to return to work and follows SAIF guidelines.
 - b. If he/she is returning to work on the day you receive the Employee Status Report, the letter can be completed at the beginning of the shift.
7. Send the completed Job Offer Letter and any Employee Status Reports (or other work status forms), to the Claims Manager.

Mailing Address: 1260 University of Oregon, Eugene, OR 97403-1260

Contact: Hannah Vasey-Vehrs, Claims Manager

Phone: 541-346-8912

Email: hmvv@uoregon.edu

Date: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Dear _____:

Your physician, Dr. _____ has released you for modified work. We have work available for you within the restrictions described by your physician. This is a temporary assignment and the availability will be periodically re-evaluated.

You will receive your normal salary or hourly wage while performing transitional/modified work. Salary may be prorated based on the hours you are working, if less than your regular hours. SAIF Corporation may supplement your wages with workers' compensation benefits should you be earning less than your normal salary.

Please report for work on:

Date: _____ Time: _____ Hours per Day/Week: _____ Location: _____

Report to: _____ Phone: _____ Duration: _____

If you receive this letter after the report for work date, work will begin 24 hours after your receipt of this offer. You will also need to contact the above named person.

This transitional/modified work may end prior to the timeframe stated above when transitional/modified work is no longer available; your physician releases you for regular work; your physician indicates you have a permanent restriction(s); or your workers' compensation claim is denied.

Your workers' compensation benefits may be adversely affected if you choose not to accept this offer of transitional/modified work. The Oregon Administrative Rule (OAR), on the back of this letter, explains when you can refuse an offer of employment without termination of your temporary disability.

If you refuse this offer of work for any of the reasons listed in the OAR, you should write to the insurer or employer and tell them your reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Worker's Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1282.

If you have questions about workers' compensation or this letter, contact Hannah Vasey-Vehrs, Claims Manager at 541-346-8912.

Sincerely,

Name, Title: _____

Telephone: _____

I have read and understand the above information. I accept this job as offered Yes No

Employee Signature

Date

OAR 436-060-0030(5)(c) (F) The worker's right to refuse the offer of employment without termination of temporary total disability if any of the following conditions apply:

- (i) The offer is at a site more than 50 miles from where the worker was injured, unless the work site is less than 50 miles from the worker's residence, or the intent of the employer and worker at the time of hire or as established by the employment pattern prior to the injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to logging, trucking, construction workers, and temporary employees;
- (ii) The offer is not with the employer at injury;
- (iii) The offer is not at a work site of the employer at injury;
- (iv) The offer is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation; or
- (v) The offer is not consistent with an existing shift change provision of an applicable union contract.