Date

Employee Name

Address

Address

Dear \*\*Employee Name\*\*:

We are pleased to offer you light duty/transitional employment, which accommodates your current physical capacities as prescribed by your physician. The job of , is offered to you on a full-time basis during the day shift for a hour workweek.

You will be paid $ per hour and your work hours will be Monday through Friday from : am to : pm with a lunch break. Your first date of work will be, and you should report to work at : am on that date. The position is available immediately should you want to return to work sooner.

You will report to at 's office at .

[ ]  A copy of the job description for this position, signed and approved by your physician, is enclosed.

If any of these job duties prove difficult for you to perform, please report this to your supervisor immediately.

[ ]  Copies of this letter, and the enclosed job description, have been sent to your claims adjuster at FRSA-SIF.

If your earnings are less than your earnings at the time of your injury, you may be eligible for Wage Loss Earnings benefits through FRSA-SIF.

If you choose not to accept this offer, or if you do not report to work on time, we will assume that you are not interested in returning to modified duty and your time loss benefits may be affected.

If you have any questions, please feel free to call me.

Sincerely,

\_\_\_\_\_\_ I am willing to accept the job offer.

\_\_\_\_\_\_ I am refusing the position and submitting this as notice of my voluntary choice to quit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature Worker Signature Date

C: FRSA Claims Adjuster

 File

 Sent via certified and regular mail