**LIGHT DUTY JOB OFFER FORM**

Month, Day, Year

Injured Worker's Name

Injured Worker's Address

Injured Worker's City State Zip

RE: Injured Worker's Name, Claim Number and Date of Injury

Dear Injured Worker's Name:

We have received a medical note from Doctor's Name releasing you to return to light duty work as of Month, Day, Year. Doctor's Name has provided you light duty work restrictions of List Light Duty Restrictions as Listed on Doctor's Note. We have a job available for you within the above listed light duty work restrictions. Unless otherwise stated, the duration of the work is unknown at the time of this offer.

Job Title:\_\_List Name of Light Duty Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Date:\_\_\_Month, Day, Year\_\_\_\_\_\_\_\_ Hours per Day:\_\_\_\_\_# of hours\_\_

Hourly Rate:\_\_\_\_$ Dollar amount\_\_\_ Days per Week:\_\_\_\_# of days\_

Where to Report:\_\_\_physical address\_\_\_\_\_

Report to Whom:\_\_\_\_name of individual\_\_\_

**Description of job duties:** *List specific light duty job duties*

**If you choose not to accept this job offer or do not report to work as specified, your workers' compensation benefits may be affected.**

Please respond to this offer, in writing by Month, Day, Year.

Sincerely,

Employer Representative Name

Title

Contact Information

I have read the above job offer and I accept the job as offered.

[ ]  Yes [ ]  No

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Injured Worker’s Signature Date

cc: Workers compensation adjuster name