HSE Management System

# BONA FIDE OFFER OF EMPLOYMENT

The following is a template for completing a bona fide offer of employment (BFOE) for an injured worker who has been released to return to work with restrictions by a treating physician following a work-related injury.

Please note that for an offer to be considered valid, several specific items must be included in the letter. We have placed those items in **bold print** for your convenience. Failure to include any one of these items may invalidate the letter. If you have questions, the Safety Group can assist you.

If the assignment is not located at the employee’s typical work location, you must consider accessibility and geographical location of the new workplace before extending the offer.

January 16, 2020

Employee First & Last Name

Employee Mailing Address Line #1

Employee Mailing Address Line #2

Employee Mailing Address Line #3

Dear [Employee First Name],

We have been informed that Dr. [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] has released you to return to modified duty with restrictions as outlined in the **attached Work Status Report** dated [Month DD, YYYY]. We are pleased to offer you the following temporary modified work assignment that we believe is within those restrictions.

To do this assignment, you will be required to:

1. **Description of the job**
2. **Physical requirements of the job: (ex. lift 10 lbs. for 2 minutes twice a day)**
3. **List any break suggestions listed on the DWC - 073**

You will be working at [location] campus located at: [**physical address**] and have the following work schedule [**include work schedule based on the employee’s limitations**]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_. You will be paid [**list wages**] $ \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_.

Please be assured that we are sympathetic to your injury, and **we will only assign tasks consistent with your physical abilities, limitations, job knowledge, and skills. We will provide any necessary training.**

The duration of this assignment will be [\_\_\_\_\_\_\_\_\_] weeks. At the end of this period, we will review your needs to determine if an extension can be made, or if other suitable work is available.

This offer will remain **open for seven (7) days from your receipt of this letter**. If we do not hear from you within seven days of receipt of this letter, we will assume you have refused this offer, which may impact your Temporary Income Benefits.

We are looking forward to your return. If you have any questions regarding this offer, please contact me at (xxx) xxx-xxxx.

Employee’s Acknowledgement and Response

\_\_\_\_\_ I have read this offer, understand the requirements of the position, and accept the position.

\_\_\_\_\_ I have read this offer, understand the requirements of the position, but decline the position.

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

Employee Signature Date

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

Employer (Signature, Title)