

Date:

Claimant's name & address

Dear _____:

I am pleased to offer you transitional employment which is within your current physical capacities. The physical demands of this position have been approved by your physician, as indicated in the attached job description. The job offer is that of _____.

Your hours will be _____ Monday through Friday. This position will pay \$_____ per hour.

Your supervisor will be _____, who has been advised of your physical capacities. Should you experience any difficulties in the performance of your duties, you are to report them to me as soon as possible.

This position is available to you beginning on _____. Please call _____ as soon as possible to discuss the arrangements for your return to work. If I do not hear from you by _____ or you do not report to work as scheduled, I will have to assume that you have declined the employment offer.

Please note that according to industrial insurance regulations, your time loss benefits may be affected if you do not accept this job offer.

We look forward to seeing you on _____. If you have any questions, please do not hesitate to contact me.

Sincerely,

Encl. Job Description