

# Transitional Return-to-Work Offer Letter

*(Certified—Return Receipt and Regular Mail)*

*(Date)*

*(Employee Name and Mailing Address)*

Re: Offer of Transitional Employment

Dear *(Employee Name)*:

We have reviewed the Physician's Evaluation from your physician and are pleased to offer you the following transitional work assignment. We believe this assignment is within your capabilities as described by your physician. Your assigned tasks will be consistent with your medical restrictions, skills and knowledge. We will provide any training that may be required to do this assignment.

Description of transitional duty assignment:

\_\_\_\_\_

Description of physical demands of this assignment: \_\_\_\_\_

Location of assignment: \_\_\_\_\_

Duration of assignment: \_\_\_\_\_ Total consecutive work days beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Days of the week employee will work: \_\_\_\_\_

Work hours: From: \_\_\_\_\_ To: \_\_\_\_\_ Pay rate: \$ \_\_\_\_\_ Per \_\_\_\_\_

Department: \_\_\_\_\_ Division/Unit: \_\_\_\_\_

Supervisor during transitional duty assignment: \_\_\_\_\_

**This job offer will remain open for five (5) working days from your receipt of this letter. If we do not hear from you within five working days, we will assume that you have declined this offer.**

We look forward to your return to work. If you have any questions, please do not hesitate to contact me at *(phone number)*.

Sincerely,

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_ I accept this transitional duty assignment

\_\_\_\_\_ I decline this transitional duty assignment

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_