



Date

Employee's Name

Address

City, State Zip

RE: Bona Fide Offer of Employment

Dear Employee's Name,

After reviewing the information provided by your doctor, we are offering you the following temporary work assignment.

This assignment is within your capabilities as described by your doctor on the attached Texas Workers' Compensation Status Report (DWC-73). You will only be assigned tasks consistent with your physical abilities, skills and knowledge. If any training is required to do this assignment, it will be provided.

Position Title:

Location: Texas State University

Work Hours:

Duration of assignment:

Wages:

Department:

Supervisor:

Description of physical requirements of this position: Your Temporary Work Assignment has been modified to comply with your doctors recommended work restrictions:

- List of recommended work restrictions

This job offer will remain open for seven (7) calendar days from your receipt of this letter. If you do not respond within seven (7) calendar days, we will presume you have refused this offer. Refusing this offer may impact your income benefits.

Please be advised, per UPPS 04.04.43 Temporary assignment in a restricted duty status under the Return to Work Program will not exceed sixty cumulative calendar days per claim. You will reach this date on [insert date] at which time you will no longer be eligible for continuation of temporary work assignment. If you at that time are not released to return to work with no restrictions, you may be subject to discharge.

We look forward to your return. If you have any questions, please do not hesitate to contact me at 512-245-3616 or kb1569@txstate.edu.

Sincerely,
Katherine Beamer
Specialist, Environmental, Health, Safety, Risk and
Emergency Management
Texas State University

Employee:

_____ I have read and understand the requirements of the position and accept the position.

_____ I have read and understand the requirements of the position but do NOT accept the position.

Employees' Signature

Date Signed