

Bona Fide Offer of Employment

Sample Letter

The following information MUST be included in the letter for a bona fide offer of employment. You MUST also attach a copy of the doctors restrictions (TWCC-73).

CERTIFIED MAIL RECEIPT REQUESTED

Date

Dear (claimant):

Our office is in receipt of medical information from Dr. _____ outlining the restrictions under which you are able to return to work. Pursuant to Texas Workers' Compensation Commission Rule 129.6, this letter is a Bona Fide Job Offer for you to return to work consistent with information provided herein. Our office will abide by the physical limitations as outlined by the physician. The office will only assign tasks consistent with your physical abilities, knowledge and skills and will provide training if necessary.

1. Position title offered:
2. Hours of duty: _____ a.m. / p.m. until _____ a.m. / p.m.
3. Wages: \$ _____ Hourly \$ _____ Weekly \$ _____ Monthly
4. Job description, including duty hours, and maximum physical requirements of the position: (lifting and approximate lbs., approximate time stooping, pushing, standing, sitting, etc.)
5. Address, location and approximate distance in miles from employee's residence:
6. Beginning date of the position _____ Ending date of the position _____

After reviewing this job offer, please fill out the information below and return to this office by _____. Should you have any questions regarding this offer, including consequences of not accepting this assignment, please contact the undersigned below.

Sincerely,

Claimant's Acknowledgement and Response:

_____ 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. I understand the consequences of not accepting this assignment and that the university cannot guarantee that another position will be available.

Signature

Date Signed