

**EARLY RETURN-TO-WORK INITIATIVE****SAMPLE — Offer of transitional employment to temporarily accommodate work restrictions after employee workplace injury**

This document is meant only as an example and may be changed as desired

Date:

Employee name

Employee address

Re: Offer of Transitional Employment

Dear _____ (Employee name):

We have received your restricted duty work release by your treating health care provider _____ (provider name) dated _____ (date restrictions given) which indicates you are not yet at maximum medical improvement (MMI). _____ (company name) is issuing this letter to formally offer you a transitional employment opportunity.

Details regarding your transitional employment opportunity follow below –

In compliance with your work restrictions, your transitional duty responsibilities include:

_____ *Detailed listing of modified job duties.*

Your rate of pay will be \$_____ per (hour/week/month)

You worksite location is: _____

Your work schedule is: Days _____ Times _____ a.m. to _____ p.m.

You are to start on: Date _____ Time _____

Please report to _____ (supervisor/designee) for work at the above date and time.

NOTE: Your employment status with our company and your workers' compensation indemnity benefits may be adversely affected if you accept this offer of work but fail to report at the above scheduled date/time and do not notify your claims adjuster and/or the designee noted above.

Your attached provider's release is made part of this offer and must be strictly followed. You are prohibited from performing any activity that violates your provider's restrictions.

Temporary Time Limit: The opportunity indicated above is effective as of your transitional employment start date until your next appointment and will be reviewed as we receive updates to your restrictions. Extensions may not exceed ninety (90) days without explicit authorization by Human Resources.

Please indicate your acceptance or rejection of this offer by checking the appropriate box below –

NOTE: Refusal of a reasonable job offer will affect your entitlement to workers' compensation lost-time (indemnity) payments per the New Mexico Workers' Compensation Act 52-1-25.1 and 52-1-26.

If your response to this letter is not received by (date) _____, we will deem you have rejected this offer.

☐ _____ (employee initials) I **accept** the above offer of transitional employment.

☐ _____ (employee initials) I **reject** the above offer of transitional employment. Reason: _____

For any questions or concerns, please contact _____ (HR contact or designee)
at _____ (phone#) or via email at _____ (email address).

Employer signature: _____ Job Title: _____ Date: _____

Employee signature: _____ Date: _____

Cc: Claims adjuster

DIRECTIONS FOR USING ABOVE TEMPLATE:

Use the template above by copying and pasting it onto your company's letterhead. The template will need to be adjusted for each employee on a case by case basis. Adjust to one page if you can.

TIP: A modified/light duty job offer should always be in writing. The only exception might be if you know beforehand that the modified/light duty will be for a very short period of time of a week or less.

ADDITIONAL TIP:

Be sure to write out what a modified duty is. "Modified" duty is defined as:"

WHEN USING THE TEMPLATE:

- The sections to tailor to each employee are italicized and will have to be changed with each offer.
- Do a "Save as" so you have two different templates. Make one for "modified duty job offers" (usually less severe injuries where the employee stays at their regular position with small workplace modifications). Attach the employee's regular job description. Denote just the exceptions/changes to work functions rather than list all duties under the heading of "Detailed listing of modified job duties." Then for your "light duty" offers where you might have to change a lot of the employee's duties or even assign them to a different work-site/supervisor, you can have another letter template that allows you to be more detailed and fill everything out.
- Give the employee a copy after they have signed and accepted. Forward a copy to the assigned claims adjuster.
- Attach the actual restrictions to the letter. Give the letter and all attachments to the supervisor(s) you are designating to oversee the employee while on light/modified duty. Do this before the employee actually starts working again.
- Also, don't forget to go back and review what the person is doing each time you get a new release. You may need to ramp up duties based on treatment progress. A new or amended letter might be needed in that case.

When creating and extending a light/modified duty offer, it is important to remember to:

1. Examine the employee's restrictions in detail and tailor the offer to conform to the actual restrictions.
2. Ensure the assigned job duties are actually within the restrictions, including the amount of hours that can be worked per day and the number of days that can be worked in a week.
3. Ensure light duty offers are updated each time new restrictions are received from the employee's treating physician.
4. Clearly outline and specify what the proposed job duties will be. Do not use generalized language such as "any other duties that are within the claimant's restrictions."
5. Do not include vague or ambiguous language in the offer, and do not attempt a "one size fits all" approach to drafting your light duty offer letters.
6. Send the offer via certified mail or deliver it in person to ensure that the claimant receives the light duty offer and that you have proof of receipt.
7. If given in-person, the employee should sign and make a copy to leave with the employer as proof of receipt.

Finally, put a positive spin on the experience. Research shows that a faster return to work actually aids injured workers in a faster recovery!