## **Bona Fide Offer of Employment Instructions to the Employee**

## Please follow the instructions below:

- 1. Read the attached letter carefully. If this letter is not clear, please contact our office immediately for clarification. (**Provide department contact information.**)
- 2. Please check the appropriate space below indicating acceptance or denial of the offer of employment.
- 3. Sign and date the form.
- 4. Return the letter immediately. A phone call may be made to accept or not accept the position. Refusal to accept the bona fide job offer may affect your temporary income benefits.

## Bona Fide Offer of Employment Sample Letter (Print on your Department's Letterhead)

(Employee name) (Address 1) (Address 2)  Re: Bona Fide Offer of Employment  Dear (Employee 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 Work 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
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assignment, it will be provided.
Position title:
Description of physical requirements of this position:
Location:
Duration of assignment: From: () To: ()
Work Hours: From: () To: ()
Wages:(Hour, Week, Month)
Department: Supervisor:
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 affect your income benefits.
We look forward to your return. If you have any questions, please do not hesitate to contact me (include phone number and email address).
Sincerely,
(Signature)
(Typed name and title)
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.
Employee's Signature  Date Signed