

An offer of modified duty must be made in writing, it must be presented with a copy of the corresponding Work Status Report (DWC-73), and must clearly state the following even if it is the same as the employee's regular position:

1. The location at which the employee will be working;
2. The schedule the employee will be working;
3. The wages the employee will be paid;
4. A description of the physical and time requirements that the position will entail; and
5. A statement that the employer will only assign tasks consistent with the employee's physical abilities, knowledge, and skills and will provide training if necessary.

SORM and DWC consider the following items when evaluating whether an offer of employment is bona fide:

1. The work location is geographically accessible given physical limitations, distance, and availability of transportation;
2. The offered schedule is similar to the preinjury work schedule
3. The physical and time requirements are consistent with the doctor's certification of the employee's work abilities; and
4. The manner in which the offer was made to the employee.

Employment is "geographically accessible" to the injured employee if it is within a reasonable distance from the employee residence unless the employee proves with medical evidence that their physical condition precludes traveling that distance.

If the employee is released to work with restrictions by a doctor but refuses to accept the work, income benefits may be suspended based on offered wages.

It also is important the SORM receive copies of all correspondence dealing with a bona fide offer of employment. Therefore, always send the adjuster a copy of the letter when the letter is mailed and when an employee's response is received.

The following two pages contain a sample letter for a Bona Fide Offer of Employment and the sample instructions that should be sent along with the letter.

Bona Fide Offer of Employment
Sample 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.
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

Re: Bona Fide Offer of Employment

Dear:

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 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 impact your income benefits.

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

Sincerely,

Signature

Printed Name

Date

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