**** Angelo State University

Return to Work (Alternate/Light Duty) Job Offer Letter Instructions

***\*\*PRINT THIS INSTRUCTION LETTER ALONG WITH THE COMPLETED RETURN TO WORK (ALTERNATE/LIGHT DUTY) JOB OFFER LETTER ATTACHED AND PROVIDE TO THE EMPLOYEE\*\****

The employee must follow the instructions below:

1. Read the attached letter carefully. If this letter is not clear, please contact the Office Human Resources for clarification.
2. Please check the appropriate space indicating acceptance or denial of the offer of employment.
3. Sign and date the letter.
4. Return the letter immediately to the Office of Human Resources. A phone call may be made to accept or not accept the position and the signed form provided upon return to work; however, a response must be submitted within two days of receipt of this letter. Refusal to accept the return to work offer may affect your temporary income benefits.

**(PRINT LETTER ON YOUR DEPARTMENT’S LETTERHEAD)**

Angelo State University

Return to Work (Alternate/Light Duty) Job Offer Letter

**(Date)**

**(Recipient Name)**

**(Street Address)**

**(City, State, Zip)**

Dear **(Recipient Name)**:

Our office is in receipt of medical information from **(Physician’s Name)** outlining the restrictions under which you are able to return to work. Pursuant to Division of Workers’ Compensation Rule 129.6, this letter is a Return to Work (Alternate/Light Duty) 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. Should you have any questions, please contact the Office of Human Resources.

1. Title of Position Offered: **(Job Title)**
2. Hours of duty: **(Start Time)** a.m./p.m. until **(End Time)** a.m./p.m.
3. Wages: $ **(Dollar Amount)** Hourly/Weekly/Monthly (Circle one that applies)
4. Job description, including duty hours, and maximum physical requirements of the position (lifting and approximate weight, approximate time stooping, pushing, standing, sitting, etc.)

**(Enter description here)**

1. Location of position offered: **(Location)**
2. Duration of Assignment (Give specific dates if possible): **(Beginning and ending dates)**

Supervisor Approval Date

Human Resources Approval Date

**TO BE COMPLETED BY THE 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 Signature Date