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). Belén Consolidated Schools is issuing this letter to formally offer you a transitional employment opportunity.

**Details regarding your transitional employment opportunity follow below –**

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| --- |
| 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 in 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_