

Sample Job Offer

To: Employee Name/Title

Date:

From: Supervisor's Name, Title and Office or
HR Specialist

Subject: Return to Work Job Offer Claim # _____

The current medical information in your compensation file indicates that you are able to perform certain work assignments. We are offering you the following permanent position:

or

Dr. _____ has advised this office that you are no longer totally disabled from your on-the-job injury of _____. Therefore, based upon information provided, it has been determined that the following position, is suitable and within the physical limitations established by Dr. _____. Accordingly, you are offered the following permanent position:

- A. Position Title:
- B. Duties: Position Description (attached copy to this letter)
- C. Pay Plan/Series/Grade:
- D. Salary:
- E. Work Schedule: Example- Monday through Friday, 0800 - 1630
- F. Organization/Location (include full address):
- G. Date Job Available:

The job will remain available until The Office of Workers' Compensation Programs (OWCP) has made their determination regarding the job offer. This position is the best position that can be offered at this time and is specifically within the limitations given by the reporting physician.

The following describes the duties and environmental requirements of this position.....list duties.

A copy of this job offer has been sent to OWCP. If you decline this position and OWCP determines that this job offer is valid and suitable, your benefits to Wage Loss, Scheduled Award and/or Compensation under the Federal Employees' Compensation Act (FECA) may be terminated. Your entitlements to medical care may continue as determined by OWCP. If you accept this position, the necessary information for determination of loss of wage earning capacity, if any, will be provided to the OWCP claims examiner.

Please indicate your acceptance/declination of this job offer by completing Attachment 1 to this letter within ___ business days and returning it to _____.

Or (if already separated)

If you accept this offer of employment, we will notify the Office of Personnel Management, Office of Retirement Programs, of your reemployment status. If OPM finds you recovered, your entitlement to disability retirement may be terminated. Future retirement benefits would then be determined under applicable law at that time. Your decision as to acceptance or declination of this offer should be made in writing within ___ days of your receipt of this letter. The enclosed Acceptance/Declination Statement and our self-addressed envelope are provided for this purpose.

If you do not respond in writing, we will assume you are declining the position. The OWCP will be notified of your declination so that appropriate action may be taken.

If you have any questions, please feel free to contact _____ at _____.

Name
Title

4 Encl

1. Position Description
2. Acceptance/Declination Statement
3. Certificate of Medical Examination (OF-178)
4. Envelope

cc: OWCP
Agency POC

NOTE to READER: Remember that the functional requirements of the position must be included in the narrative of the letter. These must comply with the employee's physical limitations. In addition, an OF-178 for the offered position may be provided.

ATTACHMENT 1

ACCEPTED/DECLINATION STATEMENT

PART A

I voluntarily accept the position of _____, GS/WG-000-00, Step 00, \$00,000 per annum in _____(location), under the terms set forth in the Agency's offer of _____(date of cover letter).

Signature

Date

PART B

I decline this offer of placement to the position of _____, GS/WG-000-00, Step 00, \$0000 per annual in _____(location).

I refuse the job offer for the following reason(s): _____

Signature

Date

FAILURE TO RESPOND TO THIS JOB OFFER WITHIN 00 BUSINESS DAYS FROM THE DATE OF THE COVER LETTER WILL BE CONSIDERED A REJECTION OF THIS OFFER.