<<<COMPANY INFORMATION HERE>>>

**RETURN TO WORK JOB OFFER**

<<<DATE>>>

Dear <<<INJURED EMPLOYEE NAME>>>,

We are pleased to offer you transitional work as part of our company’s Return to Work Program. We believe this transitional work will be helpful as you recover from your injury. We look forward to bringing you back to work in your full work duties with doctor authorization.

We currently have the following duties available for you.

<<<START DATE>>>

<<<WORK SCHEDULE>>>

<<<SUPERVISOR>>>

<<<TRANSITIONAL JOB DUTIES>>>

We are committed to your safety and want you to immediately report any difficulty in performing these duties to your supervisor immediately. As you return to work your wages and benefits for the position will be paid according to our company policy and will comply with Iowa workers compensation laws.

We look forward to you returning to work. When returning please check in with <<<INSERT PERSON RESPONSIBLE>>> before beginning your day. If you have any questions or concerns, please contact me to discuss further. Please respond to this job offer by signing below and returning the original copy of this letter to my by <<<INSERT DATE>>>. Please retain a copy for your records. PLEASE NOTE THAT IF WE DO NOT RECEIVED THIS ACKNOWLEDGEMENT FORM FROM YOU BY THIS DATE YOUR RIGHTS TO WORKERS COMPENSATION BENEFITS MAY BE AFFECTED.

Sincerely,

I acknowledge receipt of this letter and offer of temporary transitional work.

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EMPLOYEE SIGNATURE DATE