



Date Offered:

Offered to:

Subject: Bona Fide Offer of Employment

After reviewing the attached *Texas Workers' Compensation Work Status Report* provided by your health care provider dated _____, you are offered employment in a temporary modified duty assignment as described below.

Job Duties in Temporary Modified Assignment:

Restrictions and Modifications from Work Status Report:

Begin Date:

Wage Rate:

Work Schedule:

Department:

Review Date:

Supervisor:

Job Location:

Job Title:

This temporary modified duty assignment will be reviewed and evaluated as noted above and/or after each follow-up visit with your health care provider and will last no longer than one year. The assignment will end when you are able to return to full duty as certified by a health care provider or when the temporary modified duty assignment terminates, whichever occurs first.

The University of North Texas (UNT) is aware of and will abide by any physical limitations under which your health care provider has authorized you to work. Only tasks consistent with your physical abilities, knowledge, and skills will be assigned. Training will be provided if necessary. You may also be assigned other duties not listed above that fall within the health care provider's restrictions.

The Texas Workers' Compensation Act allows for a reduction or discontinuation of income benefits if you choose not to accept this offer of employment. Failure to respond to this offer by the deadline could also result in termination of your employment at UNT.

You have 7 days to respond from the date offered noted above.

Acceptance/Rejection Form
Temporary Modified Duty Assignment

I understand I must abide the UNT Return to Work Program (Policy 1.3.21) and any other policies regarding this temporary modified duty assignment.

I understand I must adhere to all health care provider recommendations.

I understand if I have any questions about the restrictions or my temporary modified duty assignment, I need to address the issues immediately with my supervisor or the Workers' Compensation Claims Coordinator in Risk Management Services.

I understand if I am receiving any workers' compensation income benefits they may be terminated if I reject this offer.

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