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| Seal blue st copy2 |  **CITY OF HOUSTON** | Annise D. ParkerMayorP.O. Box 1562 Houston, Texas 77251-1562Telephone – Dial 311www.houstontx.gov |

April 14, 2015

Employee Name.

Employee Address.

City, State Zip.

**RE: Bona Fide Offer of Employment/Transitional Duty Assignment**

**Date of Injury:** Click here to enter a date. **Claim #:**  Enter claim #.

Dear Employee Name.,

This letter will serve as our offer of a Transitional Duty Assignment that meets the physical restrictions imposed by a medical provider. I have attached a copy of the medical report from Doctor’s Name. dated Click here to enter a date. upon which this offer is based. The Transitional Duty Assignment being offered to you will not exceed the restrictions stated in the attached medical report. The City will only assign tasks consistent with your physical abilities, knowledge, and skills and will provide training if necessary.

You are being offered a Transitional Duty assignment at Location and Physical Address. beginning Click to select date. and continue for a possible Select an item days or until you are released by your doctor to full duty. You will be earning the same hourly and weekly rate of pay,0.00. per hour and 0.00. per week. This Transitional Duty Assignment is for Number of hours. hours per week or # of hours. hours per day, # of days. days per week. We are asking that you report to work Click to select day at Enter time. am/pm. through Click to select day. Enter time. am/pm.. Though this Transitional Duty Assignment requires # of hours. hours of Select one. and # of hours. hours of Select one.

This position will not require you to exceed the restrictions as stated on the work status report dated Click to select date This Transitional Duty Assignment requires you to perform the following tasks:

 Task and description of duty. for approximately # of hours or percentage of day.

Task and description of duty. for approximately # of hours or percentage of day

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You will be reporting to Name of supervisor. or their designee.

During this Transitional Duty Assignment, you will be required to attend any and all medical appointments as prescribed by your treating physicians. You will be responsible for your own transportation to and from all medical appointments.

Should you **ACCEPT** this Transitional Duty Assignment, you will begin work on Click to select date

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 Employee’s Signature

Should you **DECLINE** this Transitional Duty Assignment; you are subjected to loss of benefits.

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 Employee’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Department Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

If you have any questions during your assignment, please direct them to Name of DDR. your Designated Department Representative at DDR’s phone number..

Enclosure: Choose an item. form from Enter doctor’s name. dated Click to select date.

Cc: Adjuster