



CITY OF HOUSTON
Human Resources

Sylvester Turner

Mayor

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April 8, 2016

Cookie Monster
21243 Sesame Street
Humble, Texas 77338

RE: Bona Fide Offer of Employment/Transitional Duty Assignment

Date of Injury: 3/4/2016 **Claim #:** 16600000

Dear Mr. Monster,

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 Big Bird, MD, PA dated 3/8/2016 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 611 Walker Rd, Houston, TX 77032 beginning Monday, March 7, 2016 and continue for a possible 180 days or until you are released by your doctor to full duty. You will be earning the same hourly and weekly rate of pay, \$50.00 per hour and \$2,000.00 per week. This transitional duty assignment is for 40 hours per week, 8 hours per day, 5 days per week. We are asking that you report to work Monday – Friday 6:30 a.m. – 3:00 p.m.

This position will not require you to exceed the restrictions as stated on the work status report dated 3/8/2016. This transitional duty assignment requires you to perform the following tasks:

Serving in the capacity of an Shop Manager handling clerical duties and managing shop personnel for approximately 8 hours per day

You will report to The Count or their designee. The Count can be reached at 832-333-3333.

During this transitional duty assignment, you will be required to attend any and all medical appointments as prescribed by your treating physician(s). 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 Monday, March 7, 2016

Date Accepted: _____

Employee's Signature

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

Employee's Signature

Date Declined: _____

Designated Department Representative

Date: _____

Witness

Date: _____

If you have any questions during your assignment, please direct them to Stacey Prevost your Designated Department Representative at 832-393-6164.

Enclosure: DWC73 form from Big Bird, MD, PA dated 3/8/2016

Cc: Adjuster