

Date: _____

Name of Employee _____

Address _____

City, State, Zip _____

SAIF Claim Number: _____

Date of Injury: _____

Dear _____:

Your attending physician has released you for modified work. We have developed a temporary light duty job within the physical restrictions outlined by your doctor. Your doctor has reviewed and approved a description of the light duty job (see enclosed job description). The duration of this light duty position will be periodically re-evaluated.

Modified Job title:	
Wage: \$ _____ per hour	Report to:
Start date:	Start time:
Hours per day:	Days per week:
Location:	Duration, if known:

Upon receipt of this job offer immediately contact: _____ at _____. If you receive this letter after the start date of this job, the job will begin 24 hours after your receipt of this offer. Your workers' compensation benefits may be adversely affected if you choose not to accept this job. Under Oregon law, you have the right to refuse an offer of employment without termination of temporary total disability if any of the following conditions apply:

- The offer is at a site more than 50 miles from where the worker was injured, unless the work site is less than 50 miles from the worker's residence or the intent of the employer and worker at the time of hire or as established by the employment pattern prior to the injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to, logging, trucking, construction workers, and temporary employees
- The offer is not with the employer at injury
- The offer is not at a work site of the employer at injury
- The offer is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation
- The offer is not consistent with an existing shift change provision of an applicable union contract.

If you refuse this offer of work for any of the reasons listed in this notice, you should write to the insurer or employer and tell them your reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Workers' Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302.

Sincerely,

I have read and understand this job offer. I accept this job as offered. Yes _____ No _____

Employee Signature

Date