Date:

Name of employee:

Address:

City, state, zip:

SAIF claim number:

Date of injury:

[Worker first name],

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: |

If you receive this letter after the start time for the job stated above, then this letter constitutes a new offer of the same modified job at the same start time on the next calendar day after your receipt of this letter, if the employer is open for business on that day, or, if not, then on the next calendar day that the employer is open for business. Regardless of when you receive this letter, please call the employer immediately to confirm your response to this job offer: at. Your workers’ compensation benefits may be adversely affected if you choose not to accept this job offer.

Your doctor has reviewed and approved a description of the light duty job and has also found the commute to the job to be within your physical capacity.

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 |  |  |  |  |

**Workers’ Compensation Multilingual Help Page**

***English***

|  |
| --- |
| **URGENT!** You have received an important document about your workers’ compensation claim. If the document has a deadline, you may lose a right or benefit unless you take action by the deadline. For language help with this document, you may call the State of Oregon, Ombuds Office for Oregon Workers, 800-927-1271. |

***Español (Spanish)***

**¡URGENTE!** Usted ha recibido un documento importante sobre su reclamación de compensación al trabajador. Si el documento tiene un plazo, puede perder el derecho o el beneficio a menos que actúe antes de que venza el plazo. Para obtener ayuda en otros idiomas con este documento, puede llamar a la Oficina del Ombuds para Trabajadores de Oregon al 800-927-1271.

***Русский (Russian)***

**СРОЧНОЕ СООБЩЕНИЕ!** Вы получили важный документ, касающийся вашего иска о выплате пособия при производственной травме. Если в документе указан крайний срок принятия действий, вы можете потерять право или пособие в случае, когда до указанного крайнего срока вами не будет предпринято соответствующего действия. Для получения помощи в переводе этого документа вы можете позвонить в Офис омбудсменов для работников штата Орегон, 800-927-1271.

***Tiếng Việt (Vietnamese)***

**KHẨN CẤP!** Quý vị đã nhận được một tài liệu quan trọng về yêu cầu bồi thường tai nạn lao động của quý vị. Nếu tài liệu này có ghi ngày đáo hạn, quý vị phải thực hiện trước ngày đáo hạn đó, nếu không quý vị có thể mất quyền hoặc lợi ích của mình. Để được trợ giúp về ngôn ngữ với tài liệu này, quý vị có thể gọi cho Văn phòng Thanh tra dành cho Người lao động Oregon, Bang Oregon theo số 800-927-1271.

***中文 (Chinese)***

**紧急消息！**您收到一份关于您的工作者补偿申诉的重要文件。如果文件有截止日期，除非您在截止日期前采取行动，否则您可能会丧失权利或福利。如需要有关本文件的语言帮助，您可致电 800-927-1271，联系俄勒冈受伤工作者申诉专员.

***(Arabic) اللغة العربية***

**عاجل!** لقد استلمت وثيقة مهمة بخصوص مطالبتك لفوائد تعويضات العمال. إذا كان للوثيقة موعد نهائي، قد تفقد حقًا أو فائدة ما لم تتخذ إجراءًا بحلول الموعد النهائي. لمساعدة لغوية بهذه الوثيقة، بإمكانك الاتصال بولاية أوريغون، مكتب أمين المظالم لعمال أوريغون ، على رقم الهاتف 800-927-1271.