Sample Job Offer

To: Employee Name

From: Supervisor’s name, Title or HR Specialist name and title

Subject: Return to Work Job Offer (include claim number)

**Example 1** - The current medical information in your compensation file indicates that you are able to perform certain work assignments. We are offering you the following permanent position:

1. Position Title:
2. Duties: Position Description (attached copy to this letter)
3. Play Plan/Series/Grade:
4. Salary:
5. Work Schedule: Example- Monday through Friday, 0800 - 1630
6. Organization/Location (include full address):
7. Date Job Available

**Example 2** – Dr. (name) has advised this office that you are no longer totally disabled from your on-the-job injury of (date). Therefore, based upon information provided, it has been determined that the following position is suitable and within the physical limitations established by Dr. (name). Accordingly you are offered the following permanent position:

A. Position Title:

B. Duties: Position Description (attached copy to this letter)

C. Play Plan/Series/Grade:

D. Salary:

E. Work Schedule: Example- Monday through Friday, 8:00am – 4:30pm

F. Organization/Location (include full address):

G. Date Job Available

The job will remain available until The Office of Workers’ Compensation Programs (OWCP) has made their determination regarding the job offer. This position is the best position that can be offered at this time and is specifically within the limitations given by the reporting physician.

A copy of this job offer has been sent to OWCP. If you decline this position and OWCP determines that this job offer is valid and suitable, your benefits to Wage Loss, Scheduled Award and/or Compensation under the Federal Employees’ Compensation Act (FECA) may be terminated. Your entitlements to medical care may continue as determined by OWCP. If you accept this position, the necessary information for determination of loss of wage earning capacity, if any, will be provided to the OWCP claims examiner.

Please indicate your acceptance/declination of this job offer by completing Attachment 1 to this letter within two business days and returning it to (supervisor/HR Specialist)

Or if already separated:

If you accept this offer of employment, we will notify the Office of Personnel Management, Office of Retirement Programs, of your reemployment status. If OPM finds you recovered, your entitlement to disability retirement may be terminated. Future retirement benefits would then be determined under applicable law at that time. Your decision as to acceptance or declination of this offer should be made in writing within days of your receipt of this letter. The enclosed Acceptance/Declination Statement and our self-addressed envelope are provided for this purpose.

If you do not respond in writing, we will assume you are declining the position. The OWCP will be notified of your declination so that appropriate action may be taken.

If you have any questions, please feel free to contact (name) at (number).

 Signature

2 Encl

1. Position Description
2. Acceptance/Declination Statement

cc: OWCP

 Agency POC

**ATTACHMENT 1**

Acceptance/Declination Statement

**Part A**

I voluntarily accept the position of (title), GS/WG-000-00, Step 00, (salary) per annum in (location), under the terms set forth in the Agency’s offer of (date of letter)

Signature and date

**Part B**

I decline the offer of placement in the position of (title), GS/WG-000-00, Step 00, (salary) per annum in (location), under the terms set forth in the Agency’s offer of (date of letter). I refuse the job offer for the following reason(s):

Signature and date

FAILURE TO RESPOND TO THIS JOB OFFER WITHIN 5 BUSINESS DAYS FROM THE DATE OF THE COVER LETTER WILL BE CONSIDERED A REJECTION OF THIS OFFER.