

**Instructions - please retain a copy of the work offer for your records.**

Please complete as much information as you have available. If you need help completing the work offer, contact Claims at (208) 332-2100 or (800) 334-2370.

You can use this sample work offer when your injured employee has restrictions due to their injury and you are offering modified work. If possible, meet with the employee to discuss/sign the work offer.

This sample text can be altered, if needed, to fit your circumstances. If the work offer is made via mail or email add details about how the worker should return the letter and to whom.

The work offer should be presented to the injured employee on your business letterhead.

Please enter the requested data:

There are 5 fields that require information from you (*employee name, outline duties, start date, start time and report to*).

**In relation to the section about hours and pay please select only one option.**

Most work offers will use the first option.

\_\_\_\_ *You will continue to work your regular hours and receive your regular pay while on modified duty.*

Select the second option only when the employee is working at reduced hours/pay rate while working modified duty.

\_\_\_\_ *We are offering modified duty work for the number of hours at the hourly rate specified below.*  
*Hours offered per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_*

Sign and date your work offer.

*Note: Mistakes happen, if you spot or realize an error, please contact us and we will work with you to sort things out. Please be aware that any person who knowingly, and with intent to defraud or deceive any insurance company, submits a statement or claim containing any false, incomplete, or misleading information is violating the law.*

## Modified Duty Work Offer

Your Business Letterhead

*Employee name*

We are offering you the following modified work to assist in your recovery and support your needs and restrictions.

*(outline the modified job duties here)*

**Please report to modified duty work as specified below.**

Start date: \_\_\_\_\_ Start time: \_\_\_\_\_  
Report to: \_\_\_\_\_

\_\_\_\_\_ You will continue to work your regular hours and receive your regular pay while on modified duty.  
OR

\_\_\_\_\_ We are offering modified duty work for the number of hours and rate of pay specified below.  
Hours offered per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_

Please complete, sign and date the section below and return as soon as possible.

Sincerely,

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_ I accept this offer of modified duty work as outlined above.

\_\_\_\_\_ I decline this work offer. I am aware that my workers' compensation income benefits may be impacted by this refusal.

\_\_\_\_\_  
Injured Worker's Signature

\_\_\_\_\_  
Date