



Idaho Job Offer Notice of Available Employment

"The Quality Way
Our People, Our Customers, Our Community

Date:

Injured Worker's Name:

Address:

City, State, Zip:

Certified Mail #, Return Receipt Requested:

RE: Injured Worker's Name, Claim Number and Date of Injury:

Dear Injured Worker:

Your doctor released you for temporary light / modified duty work and has agreed that you are physically able to commute to temporary light / modified duty work. Attached is a copy of the Physician approved job analysis. We are offering you a temporary light / modified duty job, as described below. Unless otherwise stated, the duration of the job is unknown.

Job Title:

Starting Time:

Starting Date:

Hours per Day:

Wage:

Hours per Week:

Where to Report:

Whom to Report to:

For a description of job duties, refer to the physician - approved job analysis and / or copy of the temporary light / modified duty release.

While on temporary light / modified duty work, your worker's compensation benefits may be offset by your wages.

If you choose not to accept this job offer or do not report to work as specified, your worker's compensation benefits may be adversely affected.

Sincerely,

Don Rye
Operations Manager
208-375-1300 Ext 23

I have read the above job offer and have decided to:

☐

Accept

☐

Decline

Employee's Signature and Date

Witness's Signature and Date

CC: Alaska National, Employee / Regular Mail, Employee's Attorney
Encl: Physician - Approved Job Analysis