



CITY OF PORT ORCHARD

Human Resources

216 Prospect Street, Port Orchard, WA 98366

Voice: (360) 876-7014 • Fax: (360) 895-9029

dhoward@cityofportorchard.us

www.cityofportorchard.us

(Date)

(Worker Name)

(Worker Address)

(Line 2)

RE: L&I Claim # _____

Dear _____:

According to the medical information that we have received from your doctor, you are able to return to work effective ____/____/____ in a transitional capacity (see attached medical information). We are offering you a **light duty assignment** with the City of Port Orchard intended to help you return to your regular job; the position being offered is that of _____. The details of this offer are subject to all hiring and employment requirements (e.g. reference checking, drug testing, etc...).

The position details follow:

- 1) You will report for duty on ____/____/____. Your shift will begin at ____:____ and will end at ____:____. You will be scheduled for ____ shifts per week.
- 2) You will report to _____, who will act as your direct supervisor.
- 3) Your wage will be \$_____ per hour and you will receive benefits in accordance with our company policy.
- 4) If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.
- 5) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

Should you have any questions regarding this letter, please contact me at (____)____-____. Please contact me by telephone no later than ____/____/____. to accept or decline this job offer.

Please check the appropriate box below and return this letter to me, by hand, or post-marked no later than ____/____/____. If you do not contact me by____/____/____, and/or you do not show up for work on ____/____/____. your time loss benefits will most likely end.

_____ I ACCEPT THIS OFFER

_____ I DECLINE THIS OFFER (may affect L&I time loss benefits)

Employee's Signature

Date

Sincerely,

Deborah Howard, PHR, CDMS
Human Resource Coordinator

Encl.: Return To Work Form
Cc: AWC Retro
Department of Labor and Industries