**Email Template for Safety Manager/HR Office’s Inquiry for Intra-Agency Transitional Duties**

{Agency} is currently unable to place an injured worker in an appropriate temporary transition work (modified) position.  We are seeking help in offering up to {number of days} of temporary transitional work placement for this injured worker.  The injured worker (IW) is located in {geographical location, city} and is represented by {union, if applicable}.  In general, current regulations (ORS 656.258(4)(c)) limit the employee’s relocation to 50 miles or less (Agencies must verify any additional or conflicting limitations that may be highlighted in applicable collective bargaining agreements with the agency-at-injury).

Please note that we are not asking to occupy a vacant position; rather, we are looking for a body of work that the employee can perform within their limitations. This body of work could be filing, greeting, phone work, etc.

The IW doctor’s limitations are:

{List limitations}.

The IW possesses the skills below:

{What type of experience, skills, knowledge, and abilities does the employee have? What licenses, certifications, computer skills, Oregon Driver License, Commercial Driver License, education? – Goal is to maximize any placement possibilities, within relevant restrictions}.

Under DAS policy 50.020.05 it is understood that the agency-at-injury remains responsible for the IW pay, benefits, and managing of the WC claim. The receiving agency is responsible for supervision of work assignments and reporting of hours worked and missed.

If you believe you are able to offer appropriate temporary transitional work for this injured employee please contact {name} at XXX-XXX-XXXXX at your earliest possibility