Date: _____

Name of Employee: _____
Address: _____
City, State, Zip: _____

SAIF Claim Number: _____
Date of Injury: _____

Dear _____:

Your attending physician has released you for modified work. We have developed a temporary light duty job within the physical restrictions outlined by your doctor. Your doctor has reviewed and approved a description of the light duty job (see enclosed job description). The duration of this light duty position will be periodically re-evaluated.

Job title:	
Wage: $ per	**Report to:**
Start date:	**Start time:**
Hours per day:	**Days per week:**
Location:	**Duration, if known:**

Upon receipt of this job offer immediately contact: _____.

If you receive this letter after the start time for the job stated above, then this letter constitutes a new offer of the same modified job at the same start time on the next calendar day after your receipt of this letter, if the employer is open for business on that day, or, if not, then on the next calendar day that the employer is open for business. Regardless of when you receive this letter, please call the employer immediately at the following number to confirm your response to this job offer: [employer name and phone]. Your workers' compensation benefits may be adversely affected if you choose not to accept this job offer.

Under Oregon law, you have the right to refuse an offer of employment without termination of temporary total disability if any of the following conditions apply:

- The offer is at a site more than 50 miles from where the worker was injured, unless the work site is less than 50 miles from the worker's residence, or the intent of the employer and worker at the time of hire or as established by the employment pattern prior to the injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to logging, trucking, construction workers, and temporary employees;
- The offer is not with the employer at injury;
- The offer is not at a work site of the employer at injury;
- The offer is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation; or
- The offer is not consistent with an existing shift change provision of an applicable union contract.

If you refuse this offer of work for any of the reasons listed in this notice, you should write to the insurer or employer and tell them your reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Worker's Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1282.

Sincerely,

I have read and understand this job offer. I accept this job as offered. Yes ◯ No ◯

_____

Employee Signature Date