**Engineering Human Resources**

**Bona Fide Offer of Employment Memorandum**

**TO: FROM:**

**SUBJECT:** Bona Fide Offer of Employment (BOE)

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date | Date of Injury/Illness | This injury/illness is a result of a Workers’ Compensation ClaimYes No | **If employee is unavailable for signature:**Certified Mail # |

After reviewing the information provided by your physician, we are pleased to offer you the following temporary work assignment as part of the Texas A&M University System (TAMUS) Early Return to Work Program. You may obtain a copy of the TAMUS Standard administrative Procedure Early Return to Work Program from your supervisor or at <http://www.tamus.edu/assets/files/safety/pdf/earlyreturn.pdf>online. If any training is required to do this assignment, it will be provided.

**Description of physical requirements of this position:** Per attached medical information provided by physician (e.g., TWCC 73, TAMUS Early

Return to Work Program-Work Status Report, Certification of Physician or Practitioner form, or other medical form)

|  |  |
| --- | --- |
| Job Title: | Location: |
| Job tasks:  |
| Duration of assignment: From to ( maximum of 45 calendar days per injury/illness) |
| Work Hours: From a.m. / p.m. to a.m./p.m. | Days of Week: Mon Tues Wed Thurs Fri Sat Sun |
| Pay: per Hour Week Month |
| Department : | Supervisor |

This temporary assignment will be reviewed on *[date],* unless medical documentation is provided sooner indicating the restrictions due your medical condition have changed or you are released to full duty. You must submit updated documentation given to you by your medical provider by your next scheduled workday.

**Family Medical Leave Act (FMLA) Information:** If you are eligible for FMLA and have not used 12-workweeks of FMLA during this fiscal year, you may choose to decline this offer and utilize FMLA job protection. If you are eligible for FMLA and choose to accept this BOE and it is for reduced work- hours due to the restrictions place on you by your physician, the time you are not at work will count towards your available FMLA balance.

**Workers’ Compensation Insurance (WCI) Information:** If your injury is covered by WCI, refusal of this job offer may impact your Temporary Income

Benefit payments.

This job offer will remain open for two (2) workdays from your receipt of this memorandum. We will determine that you have refused this job offer if you have not responded to us within two (2) business days of your receipt of this letter. We look forward to your return to work. If you have any questions, please contact me at *[phone number]*

**EMPLOYEE (Check One):**  **accept decline** the above offer of employment. Employee Signature Date

OR, the employee has failed to respond to this letter:

Signed (supervisor or designee) Date

**Distribution:** (1) Original – Employee (2) Copy – Department Records (3) Copy – Human Resources (contact information below)

|  |  |
| --- | --- |
| **SUBMIT FORM TO:**Engineering Human ResourcesEmail: engrbenefits@tamu.eduFax: (979) 458-7490**PLEASE DO NOT SEND HARD COPY** | **NEED HELP?** Stacey HavelBenefits Representative(979) 458-8406**stacey\_joann@tamu.edu** |

Bona Fide Offer of Employment 10/3/2019

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