

Bona Fide Offe TO:	er of Employme	ent Memorano	dum				
FROM:							
SUBJECT: B	ona Fide Offer of	Employment (B	BOE)				
Today's Date:	oday's Date:  Date of Injury/Illness:  Is this injury/illne Compensation C		ss a result of a Workers'		Department Representative: This form must be sent through certified mail if employee is unavailable for signature:		
		☐ Yes	☐ No		Certified Ma	ail#	
of the Texas A&M U administrative Proce http://www.tamus.ed Description of phys	nformation provided b niversity System (TAN dure Early Return to v lu/assets/files/safety/p sical requirements o	AUS) Early Return Work Program fror odf/earlyreturn.pdf f this position: P	to Work Program.  m your supervisor of online. Training with attached medical	You mand or at lill be prolated at linform	ay obtain a c vided for this ation provide	opy of the TAMUS assignment where ed by physician (e	S Standard re requiredg., TAMUS Early
Return to Work Prog	gram-Work Status Rep	ort, Certification o	of Physician or Prac	ctitioner 1	form, or othe	er medical informat	ion).
Job Title:	Department:						
Job tasks:							
Duration of assignment (maximum 45 calendar days per injury/illness)*: Begin date: to End date:							
Scheduled Hours (sp	Days:	Tues	☐ Wed ☐	Thurs Fri	☐ Sat ☐ Sun		
Pay: per [	☐ Hour ☐ Week ☐	Month	Supervisor:			Supervisor phon	e:
Other notes:							
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' Compensa Income Benefit payme	ation Insurance (WCI) ents.	Information: If you	ur injury is covered	by WCI, I	refusal of this	job offer may impa	ct your Temporary
	ain open for two (2) wo esponded to us within t						
*Additional stipulations of your assignment:  1. This temporary assignment will be reviewed on, unless medical documentation is provided sooner indicating the restrictions of your medical condition have changed or you are otherwise released to full duty. Your return to work may be delayed if you do not provide your department with sufficient medical information in a timely manner.  2. Management may place you on appropriate leave during this temporary work assignment if viable duties can no longer be identified.							
EMPLOYEE ACKNO	WLEDGEMENT (Chec	k One):					
I □accept □decline the above offer of employment: □			mployee Signature			Date	
<b>OR</b> , the employee ha	s failed to respond to th		nployee Signature			Date	
				Date:			
	or designee) iginal – Employee	(2) Copy – Departme	ent Records	(3) Conv	– Human Res	ources (contact info	mation below)
Email as a	SUBMIT FORM TO Benefits Services attachment: hrcompbene or Fax: (979) 847-85 ASE DO NOT SEND HA	efits@tamu.edu 46	S.I. NOOGIG	(o) copy	<b>NE</b> Ben (97	EED HELP? efits Services 9) 862-1718 enefits@tamu.edu	manori bolow)