



Bona Fide Offer of Employment Memorandum

TO:

FROM:

SUBJECT: Bona Fide Offer of Employment (BOE)

Table with 4 columns: Today's Date, Date of Injury/Illness, Is this injury/illness a result of a Workers' Compensation Claim? (Yes/No), Department Representative: This form must be sent through certified mail if employee is unavailable for signature: Certified Mail #

After reviewing the information provided by your physician, we are please 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. Training will be provided for this assignment where required.

Description of physical requirements of this position: Per attached medical information provided by physician (e.g., TAMUS Early Return to Work Program-Work Status Report, Certification of Physician or Practitioner form, or other medical information).

Form with fields: Job Title, Department, Job tasks, Duration of assignment (maximum 45 calendar days per injury/illness)*: Begin date: to End date: Scheduled Hours (specify a.m./p.m.): Days: [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat [] Sun Pay: per [] Hour [] Week [] Month Supervisor: Supervisor phone: 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' 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 _____.

*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 ACKNOWLEDGEMENT (Check One):

I [] 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: Benefits Services Email as attachment: hrcompbenefits@tamu.edu or Fax: (979) 847-8546 PLEASE DO NOT SEND HARD COPY NEED HELP? Benefits Services (979) 862-1718 hcompbenefits@tamu.edu