# Employer Job Offer

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| Employee Information |

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| Employee Name (Last, First, Middle) |  |
| Date of Injury |  |
| Claim Number  |  |

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| Occupational Information  |

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| Date of Job Offer |  |
| Date of Expected Return to Work |  |
| Job Title  |  |
| Work Hours  |  |
| Hourly Wage  |  |
| Indicate whether this job is a pre-injury occupation, a modified pre-injury job, or a new job |  |
| Job Duties  |  |
| Does this job meet any current restrictions? |  |
| Additional Information / Comments |  |
| These restrictions are in effect until: |  |

|  |
| --- |
| Signature |

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| Employee Signature |  | Date |  |
| Employer Signature |  | Date  |  |
| Title |  |