

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**

**BONA FIDE OFFER OF EMPLOYMENT  
SAMPLE LETTER  
(Place on your Letterhead)**

The following information MUST be included in the letter for a Bona Fide Offer of Employment. You MUST also attach a copy of the doctor's restrictions (DWC-73).

CERTIFIED MAIL RECEIPT REQUESTED

Dear (claimant):

Our office is in receipt of medical information from Dr. \_\_\_\_\_ outlining the restrictions under which you are able to return to work. Pursuant to Texas Workers' Compensation Commission Rule 129.6, this letter is a Bona Fide Job Offer for you to return to work consistent with information provided herein. Our office will abide by the physical limitations as outlined by the physician. The office will only assign tasks consistent with your physical abilities, knowledge, and skills, and will provide training if necessary.

1. Position title:
2. Hours of duty: \_\_\_\_\_ a.m./p.m. until \_\_\_\_\_ a.m./p.m.
3. Wages: \$\_\_\_\_\_ Hourly      \$\_\_\_\_\_ Weekly      \$\_\_\_\_\_ Monthly
4. Job description, including duty hours, and maximum physical requirements of the position (lifting and approximate lbs., approximate time stooping, pushing, standing, sitting, etc.)
5. Address, location, and approximate distance in miles from employee's residence.
6. Beginning date of the position \_\_\_\_\_ Ending date of the position \_\_\_\_\_

Should you have any questions, please contact the undersigned below.

Sincerely,

**At the bottom of the letter, the claimant should be required to fill out the following information:**

Claimant:

\_\_\_\_\_ I have read and understand the requirements of the position and accept the position.

\_\_\_\_\_ I have read and understand the requirements of the position but do NOT accept the position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
R#