

# Preferred Worker Job Offer Letter

See OAR 436-110-0290(2) for more information. If you have questions or need more help, contact the Workers' Compensation Division, Preferred Worker Program in Salem, 503-947-7588; 800-445-3948 (toll-free); fax 503-947-7581.

Date:

## Preferred Worker

Name:

Address:

City, State, ZIP:

Dear \_\_\_\_\_ :

Since you are unable to return to your regular job at injury (check all that apply):

- We have developed this job within your physical restrictions.
- We will use the Preferred Worker Program (PWP) to modify this job within your physical restrictions.
- We have provided a temporary job within your physical restrictions pending PWP modification.

<b>Job title:</b>	<b>Start date:</b>
<b>Temporary job title, if applicable:</b>	<b>Start date:</b>
<b>Wages:</b>	<b>Hours:</b>
<b>Worksite location:</b>	
<b>Descriptions of job duties, including physical requirements (if known), or attach job descriptions:</b>	

Sincerely,

Company name:

Address:

City, State, ZIP:

Phone no.:

I have read and understand this/these job offer(s). I accept this/these job(s) as offered. Yes  No

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date