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, 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 that is 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.

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

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 _____