

## **BONA FIDE OFFER OF EMPLOYMENT (BOE)**

7.1 If a TWA is identified, the supervisor/departmental representative will prepare a BOE for the employee to review and sign, indicating a decision. The employee may not perform work until the BOE is signed.

7.2 After the employee accepts or declines the BOE, or if the employee fails to respond to the BOE, the supervisor/departmental representative will provide the employee with a copy of the BOE with the employee's signature or a statement indicating the employee failed to respond, and a copy of the medical documentation that the BOE is based upon.

7.3 If the injury/illness is work-related, the supervisor/departmental representative will fax to the Workers' Compensation representative for their respective component the BOE with the employee's signature or a statement indicating the employee failed to respond, and the medical documentation that the BOE is based upon.

7.4 While working under a BOE, the employee is expected to follow all employer policies, regulations and rules, maintain satisfactory performance of the job duties outlined in the BOE, and comply with all of the terms and conditions of the BOE. Failure to do so may result in termination of the BOE and other disciplinary action up to and including termination. Contact the employer's human resources department for guidance.

(referenced in section 7)  
**Bona Fide Offer of Employment**

Certified Mail # \_\_\_\_\_

DATE: \_\_\_\_\_

**MEMORANDUM**

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: Bona Fide Offer of Employment (BOE)

After reviewing the information provided by your physician, we are pleased to offer you the following temporary work assignment as part of the \_\_\_\_\_ (component name) Early Return to Work Program. You may obtain a copy of \_\_\_\_\_ (component name) Standard Administrative Procedure \_\_\_\_\_ (SAP number) Early Return to Work Program from your supervisor or at \_\_\_\_\_ (website address) online. If any training is required to do this assignment, it will be provided.

Job title: \_\_\_\_\_

Location: \_\_\_\_\_

Description of physical requirements of this position: \_\_\_\_\_

Job tasks: \_\_\_\_\_

Duration of assignment: From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (maximum of 45 calendar days per injury/illness)

Work Hours: From: \_\_\_\_\_ a.m. / p.m. to: \_\_\_\_\_ a.m. / p.m. Days of Week: M Tu W Tr F Sa Su

Pay: \_\_\_\_\_ per  Hour  Week  Month

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

This temporary assignment will be reviewed on \_\_\_ / \_\_\_ / \_\_\_, unless medical documentation is provided sooner indicating the restrictions due to your medical condition have changed or you are released to full duty. You must submit updated medical documentation given to you by your medical provider by your next scheduled workday.

**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 placed 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. If we do not hear from you within two (2) workdays, it will be determined that you have refused this offer. We look forward to your return to work. If you have any questions, please contact me at \_\_\_\_\_.

I accept / refuse (circle one) the above offer of employment.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Or

The employee has failed to respond. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Attached: Copy of medical documentation that BOE is based upon.

Distribution: Original - Department Copy - Employee

(If work-related, fax a copy of BOE and medical documentation to \_\_\_\_\_ (component HR dept. fax number) and Risk Management & Safety @ 979-458-6247.)