



**EMPLOYER TRANSITIONAL/  
PERMANENT JOB OFFER**  
CLAIMS DIVISION  
SFN 58355 (05/2019)

1600 E Century Ave, Ste 1  
PO Box 5585  
Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
Toll Free Fax 888-786-8695  
TTY (hearing impaired) 800-366-6888  
Fraud and Safety Hotline 800-243-3331  
www.workforcesafety.com

<b>SECTION 1 – Injured worker’s information</b>		
Claim number	Injured worker’s (First name)	(Last name)
Employer’s name		
Employer’s address		
<b>SECTION 2 – Job details</b>		
The medical provider has released this injured worker to return to work with the following restrictions		
The job offer is <input type="checkbox"/> Transitional <input type="checkbox"/> Permanent		
Job title		
Duties include		
List any accommodations		
Return to work date	Hours of work per day                      per week	Rate of pay per hour
Your medical provider has approved this position as being physically appropriate. The duties outlined above will need to be performed within your restrictions, otherwise you will need to request assistance, if needed, to perform specific tasks.		
Reassignment to another department might be needed if duties are not found within the medical provider’s recommendations. Notify your immediate supervisor if there are any problems in performing assigned duties. It is your responsibility to notify your supervisor if time off is requested. If working in a different department, notify the immediate supervisor of that department regarding any modifications to your work schedule. Failure to accept a modified or alternative position that is approved by a medical provider may result in termination of wage loss benefits.		
<b>SECTION 3 – Signature</b>		
Return this form to your employer by _____ indicating whether you will be returning to work. If you do not respond within the time indicated above, it means that you agree the job outlined above is appropriate, but you do not wish to accept the job and you are terminating your employment with us. <input type="checkbox"/> I accept the position <input type="checkbox"/> I do not accept the position		
<b>Injured worker’s signature</b>		<b>Date</b>
<b>Employer’s signature</b>		<b>Date</b>