**Temporary Alternative Duty (T.A.D.)**

NOTE: These examples are for illustrative purposes only. They may not satisfy the legal or regulatory requirements in your jurisdiction. *Please consult with your attorney prior to adding these forms to your workers' compensation tool kit.*

Date: Certified Mail #:

*Associate:*

*Home Address:*

*City, State, Zip:*

Dear :

 We have received a release for you to return

to work with restrictions from Dr. dated .

The release is attached to this Job Offer. Associate Initials

 Dr. has released you to return to work

With the following restrictions:

 Associate Initials

 We have a position available for you that will accommodate

the restrictions under which the physician has authorized you to

return to work. The position being offered to you will include the

following duties:

Be assured we will only assign tasks consistent with your physical

abilities, knowledge, and skills and will provide training if necessary. Associate Initials

 You will be working at located

at . Your schedule will be from

 . m. to . m. daily, . You should

report to work on at $ per hour. Associate Initials

We expect the duration of this temporary alternative duty (T.A.D.)

position to last until you are released to full duty or your restrictions

are modified. Associate Initials

This offer will remain open until seven days after you have

received this letter, i.e. when it is provided to you personally or when

you have actual or deemed receipt by mail. If you do not contact us

by that time, we will consider the T.A.D. offer to be refused.

 Sincerely,

 [*Manager’s Signature]*

I **ACCEPT** the Temporary Alternative Duty position being offered to me.

Associate Signature Date

 I **REFUSE** the Temporary Alternative Duty position being offered to me.

refusal may be classified as job abandonment resulting in possible suspension of

benefits and/or termination.

 Associate Signature Date