Modified Duties Offer Letter Template

1.0 Form Objective & Regulatory Context

This Modified Duties Offer Letter Template is used to formally document and communicate a temporary or permanent offer of modified work to an employee who has sustained a work-related injury or illness. It satisfies the employer's obligations under WorkSafeBC's return-to-work framework, specifically Section 3.5 of the Workers Compensation Act, which requires employers to cooperate in the early and safe return of injured workers.

The template ensures that the offer is clear, written, and includes all necessary details to protect both the employer and the worker. It serves as a record of the employer's good-faith effort to accommodate the worker's functional limitations.

2.0 Administrative Details

Date of Offer: _____

Worker Full Name: _____

Worker Job Title: _____

Date of Injury/Illness: _____

Claim Number (if applicable): _____

Supervisor/Manager Name: _____

3.0 Audit / Inspection Items

☐ Pass ☐ Fail - Offer is based on current functional abilities report from treating physician.

☐ Pass ☐ Fail - Modified duties are within the worker's medical restrictions.

☐ Pass ☐ Fail - Duration of modified duties is clearly stated (start and end dates).

☐ Pass ☐ Fail - Hours of work and schedule are specified.

☐ Pass ☐ Fail - Wage rate during modified duties is documented (same or equivalent).

☐ Pass ☐ Fail - Location of modified duties is identified.

☐ Pass ☐ Fail - Supervisor contact information is provided.

☐ Pass ☐ Fail - Worker has been informed of their right to seek advice before signing.

☐ Pass ☐ Fail - A copy of the offer is retained in the worker's file.

☐ Pass ☐ Fail - Offer is signed and dated by both parties.

4.0 Corrective Actions & Deficiencies

Reason for Offer (e.g., injury, illness, accommodation): _____

Description of Modified Duties: _____

Functional Limitations Addressed: _____

Start Date of Modified Duties: _____

End Date of Modified Duties (or review date): _____

Worker Response (Accepted / Declined / Pending): _____

Notes or Additional Conditions: _____

5.0 Sign-off & Authorization

Employer/Manager Signature: _____ Date: _____

Employer/Manager Printed Name: _____ Date: _____

Date Signed by Employer: _____ Date: _____

Worker Signature: _____ Date: _____

Worker Printed Name: _____ Date: _____

Date Signed by Worker: _____ Date: _____

Witness Signature (if applicable): _____ Date: _____

Witness Printed Name: _____ Date: _____