



MAREK EMPLOYMENT MANAGEMENT COMPANY

Bona Fide Offer of Employment

Dear Employee:

This modified duty job offer is being made to you per the attached DWC 73.

Employee _____ Date _____

Jobsite/Location of Work _____ Address _____

Supervisor to report to _____

Work Schedule _____ Wage _____

Duties/Work to be Performed _____

Physical/Time Requirements _____

Date of Next Doctor's Appointment _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Personnel Manager Signature _____ Date _____

NOTE: The company will only assign tasks consistent with the employee's physical abilities, knowledge, and skills, and will provide training, if necessary.

ATTENTION SUPERVISOR: This form must be completed, signed and returned to personnel within 24 hours from the time modified duties begin. Work employee only under the restrictions and duties noted. Otherwise, send employee to the personnel office for reassignment

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