

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
NOTICE TO EMPLOYEE OF OFFER OF SUITABLE EMPLOYMENT**

INSTRUCTIONS: The employer shall use this form to notify an employee of an offer of employment which is suitable to his/her impaired condition, as required by O.C.G.A. §34-9-240. This form, with all attachments, must be provided to the employee and his/her attorney at least ten days prior to the date the employee is expected to return to work, and a copy shall be filed with the Board.

A. IDENTIFYING INFORMATION

Employee Name _____	Soc. Security No. _____
Address _____	Date of Injury _____
_____	County of Injury _____
Employer Name _____	
Address _____	

B. NOTICE TO EMPLOYEE

1. This is to inform you that the following job is being made available to you pursuant to the requirements of O.C.G.A. §34-9-240 and Board Rule 240(b):

Title _____

Essential Duties _____

(May Attach Additional Pages as Needed) _____

Rate of Pay _____

Hours/Days to be Worked _____

Location of Job _____

Date/Time to Report to Work _____

- 2. A copy of the report(s) of your authorized treating physician(s), approving the job as suitable to your condition, is/are attached.
- 3. **If you unjustifiably refuse to attempt to perform the job offered after receiving this notification, the employer/insurer shall be authorized to suspend payment of income benefits to you effective the date you are scheduled to report to work. Should you attempt but fail to continue working for fifteen (15) scheduled work days, your income benefits shall immediately be reinstated.**
- 4. If you have any questions about the job being offered to you, you may contact the employer at: _____.

C. CERTIFICATION

I hereby certify that the above-named job is available to this employee as outlined above, that the job duties have been approved by the authorized treating physician(s) and that the approval(s) is/are attached, and that this offer is being made in good faith no later than ten days prior to the date the employee is expected to report for work. I further certify that I have this day mailed a copy of this form to the employee and his/her attorney (if known), and to the State Board of Workers' Compensation.

Print Name/Title Here	Signature
	Date

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).