RETURN TO WORK OFFER

Employer: Example Company | Example company mailing address **Employee:** Alex Example | Example home mailing address **Prepared:** November 3, 2026

Dear Alex Example,

We invite you to return following the Layoff that began on March 20, 2020. The proposed start is **December 14, 2026**. The employer identifies a pandemic-related interruption on March 20, 2020. Any right of recall depends on the affected enterprise, dates, covered worker and law.

Position and pay

Position: Line Cook. The employer describes this as the prior position. Work location: Example worksite in DC (DC). Schedule: Tuesday through Saturday, 2:00 PM to 10:30 PM, 40 hours per week. Proposed status: Full Time. Offered hourly pay: $20.00. Track all compensable time, including for a salaried nonexempt worker, and calculate applicable overtime using the regular rate.

Leave, coverage and return arrangements

Active health coverage and its start date have not been confirmed in this letter. For anyone who elected COBRA, the administrator must review that qualified beneficiary's actual enrollment, available statutory termination ground and effective date separately. An offer or return to payroll alone cannot terminate continuation coverage. Dependents may have different rights. If continuation ends early, the plan must provide the required notice explaining the reason, date and other available coverage rights.

Contact Daniel Okonkwo if you need an adjustment related to disability, pregnancy, childbirth or religious practice. The employer will consider the applicable accommodation process and timing.

Unemployment claim

Give the unemployment agency handling the DC claim the offer details and your response as requested. The agency decides benefit eligibility. Provide the actual offer, reasons, pay, hours, location and dates. A business cannot classify silence as a voluntary quit merely by writing it into this offer.

Location-specific procedures

Federal work authorization and group notices

Confirm whether employment continued and when the original Form I-9 was completed before deciding on a new form, Supplement B or any reverification.

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Your response

Please contact Daniel Okonkwo at (312) 555-0133 or daniel.okonkwo@windwardkitchen.example to accept, decline, ask questions or request an adjustment. We request a response by November 10, 2026, subject to any later legally required or negotiated period. Proposed delivery method: Certified Mail. Keep the actual dispatch, receipt and response dates, and follow up if delivery or a protected absence is uncertain.

Employer representative

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Lena Petrova, General Manager

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