Document Name: Bona Fide Offer Letter	Control Number:			
Revision Date: 05/28/26	Revision Number: 4			
Revised By: Ligia Pascual	Owner: Risk Management			

Bona Fide Offer (BFO) Letter Process

1. Purpose

To establish a consistent, timely, and compliant process for creating, delivering, and updating Bona Fide Offer (BFO) letters for employees placed on medical restrictions/job transfers due to a workplace injury.

2. Scope

This SOP applies to Safety, Operations, Claims, HR, and Occupational Health/Nursing teams across the Texas Region.

3. Responsibilities

- Safety:
  - Drafts initial BFO letter when restrictions are first issued; collaborates with Operations.
- Operations:
  - Determines appropriate modified-duty tasks. Supervisors to ensure restrictions are not being exceeded
- HR:
  - Presents BFO letters to employees with either Operations or Safety to support.
- Claims:
  - Distributes initial BFO by certified and regular mail if HR is unable to address employees in person or coordinate someone else to present the letter in person.
  - Draft updates and communicate with responsible parties for method of presentation to Employee.
- Health Nurse Team: Provide status updates and restriction changes.

4. Procedure

Initial BFO Letter:

1. Trigger: Employee receives initial restrictions.
2. Safety drafts initial BFO letter using examples in Appendix.
3. Safety & Operations collaborate on modified duty.
4. Safety distributes draft to Claims, HR, Nurses, and Supervisor.
5. HR presents letter to injured Employee; Claims will mail if needed.
   - If the letter is mailed, HR will contact the employee by phone to notify them to expect the Bona Fide Offer (BFO) letter.

Restriction Updates:

1. Trigger: Restrictions have changed from the prior.
2. Claims drafts updated BFO.

3. Claims distribute to Safety, Nurses, Ops, and HR.
4. HR presents letter to injured Employee; Claims will mail if needed.

Closure:

1. Process ends when employee is released to full duty.

5. Pay

Lunch and break periods are unpaid, and employees are required to clock out during these times. Any requests to extend break periods must be reviewed and approved in advance by the employee's supervisor.

When an employee's restricted work shift falls within the normal business hours of the treating clinic, clinic visit time will be paid as part of the scheduled shift.

When the restricted work shift falls outside the treating clinic's normal business hours, the employee will receive an additional hour of pay for each clinic visit occurring outside the scheduled shift.

Example 1: The BFO designates a work schedule of Monday–Friday from 7:00 p.m. to 3:30 a.m. The treating clinic's normal business hours are 8:00 a.m. to 5:00 p.m.
Answer: Because the employee's work schedule does not overlap with the clinic's operating hours, the employee cannot attend clinic visits during the designated shift. As a result, the employee will receive an additional hour of pay for each clinic visit attended outside the scheduled shift.

Example 2: The BFO designates a work schedule of Monday–Friday from 7:00 a.m. to 3:30 p.m. The treating clinic's normal business hours are 8:00 a.m. to 5:00 p.m.
Answer: Because the employee's work schedule overlaps with the treating clinic's operating hours, the employee has the opportunity to attend clinic visits during the designated shift. Clinic visit time will be paid as part of the scheduled shift, and no additional hour of pay will be provided if visits are scheduled outside the shift.

6. Review Period

Employees are expected to respond to a Bona Fide Offer within 7 day. This timeframe is a company standard and supports timely claims management but is not specifically mandated by TDI-DWC Rule 129.6.

7. Documentation

All BFO letters, medical reports, signatures, and certified mail receipts must be archived by Claims and HR.

8. Communication Expectations

Stakeholders must respond promptly and coordinate closely throughout the restricted-duty period.

Appendix A – Bona Fide Offer Letter Template (Texas)

Texas Materials Region A CRH Company	Date: Employee Name: Employee Address:

Dear EMPLOYEE,

Texas Materials Region is in receipt of a report DATE from DOCTOR NAME at the HOSPITAL/CLINIC NAME relating to your current medical condition and your ability to work. A copy of the report is enclosed with this letter. Texas Materials Region has used guidelines provided by your physician to identify an appropriate modified duty position for you. Texas Materials Region hereby extends to you a bona fide offer of employment pursuant to TWCC rule 129.6

You will be expected to return to work DATE at LOCATION ADDRESS for a LIGHT DUTY WORK DESCRIPTION. This work assignment is in accordance with DOCTOR NAME 's physical restrictions. Your work schedule will be as follows:

Monday - Friday (7:00 am through 3:30 PM).

You will be allowed a thirty (30) minute lunch break from 11:30 am to 12:00 pm. In addition, there will be two (2) fifteen (15) minute breaks that can be taken at 9:30 am and 2:00 pm. Your wage shall remain the same at WAGE.

Your restrictions set forth by DOCTOR NAME'S requirements are listed below:

✓

Please be assured that Texas Materials Region will only assign you tasks consistent with your physician's restrictions, physical abilities, your knowledge and skill. If you accept this offer, please indicate by signing and dating your name below and returning this to the undersigned. If you choose to decline the offer please sign and date in the declination section.

Initial Page one: _____

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Revised By: Ligia Pascual	**Owner: Risk Management**			

ACCEPTANCE OF BONIFIED OFFER

Signature_____ Date: _____

EMPLOYEE NAME

++

DENIAL OF BONIFIED OFFER

Signature_____ Date: _____

EMPLOYEE NAME

If there are any questions or concerns, you may contact:

Name	Name
HR Manager	Safety Manager
Phone Number	Phone Number

Enclosure: Medical Report from DOCTOR AND DATE.

Appendix B – Bona Fide Offer Letter Template (Texas Spanish)

Texas Materials Region A CRH Company	Fecha: Nombre de Empleado(a): Dirección del empleado(a):

Estimado(a) EMPLEADO(A):

La Región de Texas Materials ha recibido un informe con fecha DATE del/de la DOCTOR NAME del HOSPITAL/CLINIC NAME, relacionado con su condición médica actual y su capacidad para trabajar. Se adjunta una copia del informe con esta carta. La Región de Texas Materials ha utilizado las guías proporcionadas por su médico para identificar un puesto adecuado de trabajo modificado para usted. Por medio de la presente, la Región de Texas Materials le extiende una oferta de empleo de buena fe conforme a la regla 129.6 del TWCC.

Se espera que usted regrese al trabajo el DATE en LOCATION ADDRESS para desempeñar LIGHT DUTY WORK DESCRIPTION. Esta asignación de trabajo cumple con las restricciones físicas establecidas por el/la DOCTOR NAME. Su horario de trabajo será el siguiente:

Lunes a Viernes (7:00 a. m. a 3:30 p. m.).

Se le permitirá un descanso para almuerzo de treinta (30) minutos, de 11:30 a. m. a 12:00 p. m. Además, habrá dos (2) descansos de quince (15) minutos que podrán tomarse a las 9:30 a. m. y a las 2:00 p. m. Su salario se mantendrá igual, por un monto de WAGE.

Las restricciones establecidas por los requisitos del/de la DOCTOR NAME se enumeran a continuación:

✓

Le aseguramos que la Región de Texas Materials únicamente le asignará tareas que sean coherentes con las restricciones indicadas por su médico, sus capacidades físicas, y sus conocimientos y habilidades. Si decide aceptar esta oferta, por favor indíquelo firmando y fechando su nombre a continuación y devuélvala a la persona abajo firmante. Si decide rechazar la oferta, por favor firme y feche en la sección de rechazo.

Document Name: Bona Fide Offer Letter	**Control Number:**	TEXAS MATERIALS A CRH COMPANY	Builders Supply A CRH COMPANY	LOUISIANA MATERIALS A CRH COMPANY
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Revised By: Ligia Pascual	**Owner: Risk Management**			

ACCEPTANCION DE OFERTA DE TRABAJO DE BUENA FE

Firma: _____ Fecha: _____

EMPLOYEE NAME

++

RECHAZO DE OFERTA DE TRABAJO DE BUENA FE

Firma: _____ Fecha: _____

EMPLOYEE NAME

Si tiene alguna pregunta o inquietud, puede comunicarse con:

Nombre	Nombre
Gerente de Recursos Humanos	Gerente de Seguridad
Número de Teléfono	Número de Teléfono

Anexo: Informe médico del **DOCTOR** con fecha **FECHA**.

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Revised By: Ligia Pascual	Owner: Risk Management			

Appendix C – Bona Fide Offer Letter Template (Louisiana)

Texas Materials Region A CRH Company	Date: Employee Name: Employee Address:

Dear EMPLOYEE,

Texas Materials Region is in receipt of a report DATE from DOCTOR NAME at the HOSPITAL/CLINIC NAME relating to your current medical condition and your ability to work. A copy of the report is enclosed with this letter. Texas Materials Region has used guidelines provided by your physician to identify an appropriate modified duty position for you.

You will be expected to return to work DATE at LOCATION ADDRESS for a LIGHT DUTY WORK DESCRIPTION. This work assignment is in accordance with DOCTOR NAME 's physical restrictions. Your work schedule will be as follows:

Monday - Friday (7:00 am through 3:30 PM).

You will be allowed a thirty (30) minute lunch break from 11:30 am to 12:00 pm. In addition, there will be two (2) fifteen (15) minute breaks that can be taken at 9:30 am and 2:00 pm. Your wage shall remain the same at WAGE.

Your restrictions set forth by DOCTOR NAME'S requirements are listed below:

✓

Please be assured that Texas Materials Region will only assign you tasks consistent with your physician's restrictions, physical abilities, your knowledge and skill. If you accept this offer, please indicate by signing and dating your name below and returning this to the undersigned. If you choose to decline the offer please sign and date in the declination section.

Initial Page one: _____

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Revised By: Ligia Pascual	**Owner: Risk Management**			

ACCEPTANCE OF BONIFIED OFFER

Signature_____ Date: _____

EMPLOYEE NAME

++

DENIAL OF BONIFIED OFFER

Signature_____ Date: _____

EMPLOYEE NAME

If there are any questions or concerns, you may contact:

Name	Name
HR Manager	Safety Manager
Phone Number	Phone Number

Enclosure: Medical Report from DOCTOR AND DATE.

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Revised By: Ligia Pascual	**Owner: Risk Management**			

Appendix D – Bona Fide Offer Letter Template (Louisiana Spanish)

Texas Materials Region A CRH Company	Fecha: Nombre de Empleado(a): Dirección del empleado(a):

Estimado(a) EMPLEADO(A):

La Región de Texas Materials ha recibido un informe con fecha DATE del/de la DOCTOR NAME del HOSPITAL/CLINIC NAME, relacionado con su condición médica actual y su capacidad para trabajar. Se adjunta una copia del informe con esta carta. La Región de Texas Materials ha utilizado las guías proporcionadas por su médico para identificar un puesto adecuado de trabajo modificado para usted.

Se espera que usted regrese al trabajo el DATE en LOCATION ADDRESS para desempeñar LIGHT DUTY WORK DESCRIPTION. Esta asignación de trabajo cumple con las restricciones físicas establecidas por el/la DOCTOR NAME. Su horario de trabajo será el siguiente:

Lunes a Viernes (7:00 a. m. a 3:30 p. m.).

Se le permitirá un descanso para almuerzo de treinta (30) minutos, de 11:30 a. m. a 12:00 p. m. Además, habrá dos (2) descansos de quince (15) minutos que podrán tomarse a las 9:30 a. m. y a las 2:00 p. m. Su salario se mantendrá igual, por un monto de WAGE.

Las restricciones establecidas por los requisitos del/de la DOCTOR NAME se enumeran a continuación:

✓

Le aseguramos que la Región de Texas Materials únicamente le asignará tareas que sean coherentes con las restricciones indicadas por su médico, sus capacidades físicas, y sus conocimientos y habilidades. Si decide aceptar esta oferta, por favor indíquelo firmando y fechando su nombre a continuación y devuélvala a la persona abajo firmante. Si decide rechazar la oferta, por favor firme y feche en la sección de rechazo.

Iniciales – Página uno: _____

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Revised By: Ligia Pascual	**Owner: Risk Management**			

ACCEPTANCION DE OFERTA DE TRABAJO DE BUENA FE

Firma: _____ Fecha: _____

EMPLOYEE NAME

++

RECHAZO DE OFERTA DE TRABAJO DE BUENA FE

Firma: _____ Fecha: _____

EMPLOYEE NAME

Si tiene alguna pregunta o inquietud, puede comunicarse con:

Nombre	Nombre
Gerente de Recursos Humanos	Gerente de Seguridad
Número de Teléfono	Número de Teléfono

Anexo: Informe médico del **DOCTOR** con fecha **FECHA**.