Name

Address

Address

Email

RE: Offer to Rehire

Dear [Name],

The world health community continues to monitor closely the spread of COVID-19. When we last [spoke/communicated] on [date], we informed you that your position would be eliminated due to business closures in preventing the spread of COVID-19. According to our records, you last worked for the Company on [date]. While we regrettably made the decision to lay off employees, we are hopeful that our Company’s collective actions to restrict business operations have benefitted the community at large, and that we have put the severity of the outbreak is behind us. Thus, we are eager to ramp up business operations once again. In addition, we will be taking proactive steps to continue to monitor the situation and address employee safety as a top priority.

Therefore, we would like to extend an offer of re-employment to return you to [your previous position/work at a different position]. If you accept this offer, you will begin work on [date], reporting directly to [supervisor]. [All terms of your previous employment will remain the same, including your duties, responsibilities, schedule, and pay] or [Due to the organizational changes we have made as a result of COVID-19, your starting wage/salary will be $[amount] per [week/month/year], which will be paid every [two weeks]. Normal working hours are [time] to [time], [day] through [day].]

You will be eligible to participate in [company]’s employee benefits pursuant to the terms of each employee benefit plan. Those benefits currently include [specify].

**Please keep in mind that your employment will be at-will which means that either you or the company may terminate the relationship at any time with or without cause. Also keep in mind that by accepting this offer you are confirming that you are not a party to any agreement which would prohibit you from accepting a position with [company] as a [position title].**

In order to accept your offer, we need to hear from you regarding your plans and ability to return to work. If you need the Company to consider a modification of your job duties or workspace in order to return to work, or if you need additional protected leave, please contact me at [phone] or [email] to discuss your options.

This offer is extended until 5:00 p.m. on [date] and will require confirmation in writing of acceptance on or before that date. Should you accept this offer, your terms and conditions of employment will be governed by [Company Name’s] employee handbook, policies, procedures and applicable plan documents, as amended from time-to-time.

If we do not hear from you at all by that time, this offer of employment will be rescinded and we will begin accepting applications for your position. Please be advised that in the event that you do not return to work, we will notify the state division of unemployment of your resignation and your unemployment benefits will discontinue.

 We look forward to getting you back to work as quickly as possible.

Regards,

[Name]

[Title]

**Offer Response Certification**

*Please indicate your response to this job offer below, and return to [Name/Title/Email]*

|  |  |
| --- | --- |
| Candidate Initials |  |
|  | I accept the above job offer with [Company Name], and agree to report to work on [date].  |
|  | I reject the above job offer with [Company Name] |

Candidate Printed Name

Candidate Signature

Date