

[ON COMPANY LETTERHEAD]

May __, 2020

Name
Address
City, State Zip Code

Dear _____:

I am pleased to notify you that _____ (also referred to as the “Company”) has work available and we would like to recall you to return to work. We would like you to resume work on ____, 2020. This offer letter supersedes any previous offer letter or terms of employment you have received. Should you accept this offer of recall, the terms of your employment will be as follows: your job title will be ____; your expected hours of work will be ____; your supervisor will be ____; and your hourly wage or salary will be ____.

As has always been the case, please understand that your employment is at will, meaning you are not guaranteed employment for any period of time and either the Company or you can end the relationship at any time, with or without notice, and with or without cause. The Company may also modify job titles and/or pay and benefits from time to time as it deems necessary.

To accept the position offered above and return to work, please return a signed and dated copy of this letter by ____, 2020 with your decision to accept or decline our offer. If this letter is not signed and returned by that date, we assume you are turning down our offer to return to work. Your decision will be treated as your refusal of employment and your voluntary abandonment of your employment with the Company. Your employment with the Company would end as of the ____, 2020 date we provided you to accept or decline our offer.

Please note that if you do not accept this employment offer, your refusal constitutes a voluntary resignation for unemployment purposes and the Company intends to respond truthfully to the Illinois unemployment agency about the circumstances under which your employment with the Company ended.

Additionally, if you decline the option to return to work in accordance with the dates and conditions of this letter and you are enrolled in the Company’s health insurance plan, your health insurance coverage will be terminated effective on the ____, 2020 date that we provided you to accept or decline our offer to return to work. However, you will be eligible to elect health insurance continuation coverage under COBRA, which provides continued health insurance benefits, paid by you at your sole expense.

If you have any questions, please feel free to contact me directly at _____. We look forward to your return to work and our continued working relationship.

Sincerely,

Check one box below:

☐ I accept the terms of this recall letter and will return to work.

☐ I decline recall and am voluntarily resigning my employment.

Signature

Date

Print Name: _____