

Submit to:
 Department of Consumer & Business Services
 Workers' Compensation Division
 350 Winter St. NE
 P.O. Box 14480
 Salem, Oregon 97309-0405

Return-to-Work Plan; Training

Date: _____ Worker: _____
 Counselor (name, phone): _____ WCD file no.: _____
 VRO (name, city): _____ Insurer: _____
 Claim no.: _____
 DOI: _____

1. Vocational objective(s):	S.O.C./D.O.T. code(s):	Expected weekly RTW wage:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Training kind(s):	Start date:	Projected end date:	Training facility/employer:
_____	_____	_____	_____
_____	_____	_____	_____
Attach copy of OJT contract, if applicable.		_____	_____

3. Other services: _____

4. Responsibilities of worker and counselor unique to this plan:	5. I understand my responsibilities under this plan and have received a copy of the plan support and both sides of this form. I understand that the Workers' Compensation Division may review the plan. My signature authorizes the training facility to release grades to my counselor and insurer.	
	Worker	Date
	Plan developer	Date
	Cosigner	Date
	Insurer	Date
		Insurer phone: _____

6. Comments:	For WCD use	
	<input type="checkbox"/> In conformance with OAR 436-120	_____ Consultant Date
	<input type="checkbox"/> Not in conformance	_____ Consultant Date
	<input type="checkbox"/> Revised to conform	_____ Consultant Date
	<input type="checkbox"/> Optional	_____ Consultant Date

Responsibilities under Return-to-Work Plan

Worker will do the following:

- Maintain regular contact with counselor.
- Notify counselor if problems develop **and continue attending training during attempts to resolve the issue.**
- Advise counselor immediately if anything threatens to interfere with successful completion of program.
- Advise counselor by the close of the next workday if he/she stops attending training for any reason.
- Maintain a 2.0 grade point average each grading period in formal training.
- Complete the courses outlined in the curriculum by the plan end date.
- Consult with counselor before adding or dropping courses.
- Give a written training report to counselor by the fifth of each month.
- Give counselor a copy of each grade or progress report within 10 days of receipt.
- Meet any other responsibilities agreed to in this plan.

Counselor will provide the following services in accordance with OAR 436-120:

- Contact the worker on a regular basis, as necessary.
- Contact the worker's trainers and training site counselors, as necessary, to ensure that the worker's participation and progress meet the requirements of the rules and are satisfactory to achieve the return-to-work objective(s).
- Report potential problems in the training program to the insurer immediately, including additional needs of the worker.
- Advise the insurer within 24 hours of learning of any circumstance(s) indicating a probable or actual interruption in the worker's entitlement to time-loss benefits.
- Provide job-search skills and job development as necessary.
- Meet any other responsibilities agreed to in this plan.

Insurer will provide the following services in accordance with OAR 436-120:

- Insurer must contact the Workers' Compensation Division to schedule a conference if no plan is approved within 90 days of determining the worker entitled to a training plan.
- File plan with Workers' Compensation Division.
- Provide four months of job development following completion of training, if necessary.
- Provide a minimum of 60 days of return-to-work follow up.
- Meet any other responsibilities agreed to in this plan.

Important information to the worker about time-loss benefits

- Time-loss benefits will continue between the training start and end dates entered in Item 2 (front side).
- Failure to follow the training plan will most likely result in the end of training and time-loss benefits.
- When you complete this training and are medically stationary, the Workers' Compensation Division or your insurer will determine your benefits.

