**Possible Rule Issue Form**

**Complete this form, save, and submit by:**

**Email:** [**wcd.policyquestions@oregon.gov**](mailto:wcd.policyquestions@oregon.gov)**, Fax 503-947-7514, or**

**Mail to Attn: Policy Team, Workers’ Compensation Division, P.O. Box 14480, Salem, OR 97309-0405**

**A policy analyst will contact you.**

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| --- | --- | --- | --- | --- | --- |
| **Date of request:** Click here to enter text. | | | | **Name and contact information:**  Click here to enter text. | |
| **Brief summary of issue:** Click here to enter text. | | | | | |
| **If this issue is related to an existing rule, which rule is it?** Click here to enter text. | | | | | |
| **What outcome would you like to see?**  Click here to enter text. | | | | | |
| **For WCD use only** | | | | | |
| **Assigned to:** Click here to enter text. | | **Issue #:**  Click here to enter text. | | **Short title:** Click here to enter text. | |
| **Notes:** Click here to enter text. | | | | | |
| **Final decision:** | | | | | |
| **Rules** | **Education** | | **Transfer to:** Click here to enter text. | | **Closed with no action** |
| **Date action decision data entered:** Click here to enter text. | | | | | |
| **Notes:** Click here to enter text. | | | | | |