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

Direct Employment Plan

Date: _____ Worker: _____

Counselor (name, phone): _____ WCD file no.: _____

Vocational rehabilitation organization (name, city): Insurer: _____

Claim no.: _____

_____ Date of injury: _____

1. Vocational objectives:	Standard Occupational Classification/Dictionary of Occupational Titles codes:	Expected weekly return to work wage:

2. Plan dates:
Start date: _____
Projected end date: _____

3. Specific services required to meet objectives:

The plan must include information required by OAR 436-120-0197(1).

4. Responsibilities of worker and counselor specific to this plan (not listed on the back of this form):

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.

Worker _____ Date

Counselor/Intern _____ Date

Cosigner, if applicable _____ Date

Insurer _____ Date

Insurer phone: _____

6. Comments:

For WCD use

☐ In conformance with OAR 436-120
Consultant _____ Date

☐ Not in conformance
Consultant _____ Date

☐ Revised to conform
Consultant _____ Date

☐ Optional
Consultant _____ Date

Responsibilities under Direct Employment Plan (OAR 436-120-0197)

Worker will do the following:

- Maintain regular contact with the counselor.
- Fully participate in plan services.
- Follow up on all job leads in a timely manner.
- Be an active participant in the job search.
- Accept suitable employment if it is offered and immediately notify the counselor.
- Promptly inform the counselor of any problems that might affect participation in the plan.
- Meet any responsibilities agreed to in this plan.

Counselor will do the following:

- Provide instruction on job-search skills, as necessary.
- Provide job development, as necessary.
- Provide timely, accurate progress reports to the insurer.
- Meet any responsibilities agreed to in this plan.

Insurer will do the following:

- Provide the worker with at least four months of direct employment services.
- Contact the Workers' Compensation Division within five days to schedule a conference if no plan is approved within 45 days of determining the worker entitled to a direct employment plan.
- Provide return-to-work follow-up for at least 60 days after the worker becomes employed to ensure the work is suitable and to provide any necessary assistance that enables the worker to continue the employment.
- Submit the plan and any amendments to the Workers' Compensation Division within five days of plan approval.
- Meet any responsibilities agreed to in this plan.

WCD | Workers' Compensation Division
Department of Consumer and Business Services

440-1083 (5/22/DCBS/WCD/WEB)