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

Vocational Closure Report

Worker name: _____ WCD file no.: _____ DOI: _____

Insurer: _____ Claim no.: _____

1. End of eligibility for vocational services

a. Reason (check up to two):

Reason	Rules that apply OAR 436-120-	Code	
Suitably employed more than 60 days	0165(1)(b)	EM	☐
Refused offer of or left suitable job	0165(1)(d), (e), and (g)	JE	☐
Failure to cooperate or misbehavior involving one of the following:			
Participating in light-duty work	0165(1)(f)	FC	☐
Refused suitable training site	0165(1)(i)	FC	☐
Develop or participate in a return-to-work (RTW) plan	0165(1)(j)	FC	☐
Fails to notify counselor	0165(1)(j)	FC	☐
Misrepresented relevant information	0165(1)(l)	FC	☐
Returning property provided by insurer	0165(1)(m)	FC	☐
Misused funds	0165(1)(n)	FC	☐
Harassment, other abuse	0165(1)(o)	FC	☐

Reason	Rules that apply OAR 436-120-	Code	
Declined or unavailable for services	0165(1)(h)	DS	☐
Voc assistance won't resolve unemployment	0165(1)(k)	NF	☐
Claim disposition agreement	0165(1)(p)	DA	☐
Maximum services	0165(1)(q)	MS	☐
New information:	0165(1)(a)		
No longer has substantial handicap		SH	☐
Released to regular work		RR	☐
Can return to other suitable and available work		CW	☐
Other (describe below):		OT	☐

_____

b. Decision effective date: _____

c. Return to work. Complete if code checked above includes EM or JE:

RTW date: _____ SOC/DOT code: _____

RTW weekly* wage: $ _____ Job title: _____

Employer is: ☐ employer at injury ☐ employer at aggravation ☐ new employer

Job type is: ☐ regular ☐ modified ☐ new

* To convert an hourly wage to weekly, multiply hourly wage by hours worked per week. To convert a monthly wage to weekly, divide monthly wage by 4.35.

2. End of training

a. Did worker complete training? ☐ Yes ☐ No

b. Date training ended: _____

c. Date Notice of End of Training sent to worker: _____

3. Return-to-work and rehabilitation providers and costs

List providers below. Enter total costs of vocational assistance since the most ***recent*** start or restoration of assistance. Do ***not*** include costs for eligibility evaluations or temporary disability during training.

a. Direct worker purchases under OAR 436-120-0710 (tuition, fees, books, OJT reimbursement, mileage, etc.):

$ _____

b. RTW and vocational assistance providers (List in chronological order, with most recent provider last).

Organization names:	Professional costs:
_____	$ _____
_____	$ _____
_____	$ _____

Signature
Insurer/provider: _____
Date: _____ Phone: _____

WCD use only

WCD Workers' Compensation Division
Department of Consumer and Business Services

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