**Possible Rule Issue Form**

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

**Email:** **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.  |