

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.

Date of request:

Name and contact information:

Brief summary of issue:

If this issue is related to an existing rule, which rule is it?

What outcome would you like to see?

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.