Insurer
SAW/RTW Assistance Outcome Reporting Form

Request of Depart Date | Request of Insurer Date | Insurer | Injured Worker's Name and Address

Claim Admin No:

Return to work start date: _____

No return to work because:

(a) The injured worker refused transitional employment position because:

- ☐ **wages were less than time of injury position, date:**
- ☐ **disputes existed regarding job requirement and the work abilities doucmente on the medical status for, date:**
- ☐ **no reason was given**
- ☐ **another reason was given, date: Please Explain.**

(b) Employer was unable to offer a transitional employment position because:

- ☐ **employer only had seasonal work, date:**
- ☐ **employer had no available job tasks that met work abilities as documented on the medical status form, date:**
- ☐ **no reason was given, date:**
- ☐ **another reason was given, date: Please Explain.**

(c) Assistance ended for other reasons:

- ☐ **there was no physician release or approval of jobs, date:**
- ☐ **another reason was given, date: Please Explain.**