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 requirements and the work abilities documented on the Medical Status Form, date: ______________
     ☐ no reason was given, date: ______________ or
     ☐ another reason was given, date: ______________ 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: ______________ explain

  (c) Assistance ended for other reasons,
     ☐ there was no physician release or approval of jobs, date: ______________
     ☐ another reason was given, date: ______________ explain