

Insurer  
SAW/RTW Assistance Outcome Reporting Form

Request of Department Date	Request of Insurer Date	Insurer	Injured Workers Name	Contact Phone Number	Home Address	Claim Administrator Number

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