



YUKON WORKERS'
COMPENSATION
HEALTH AND
SAFETY BOARD

SUBJECT: REHABILITATION POLICY

POLICY NO.: CS - 11

BOARD APPROVAL:

APPROVAL DATE: May 11, 2004 policy
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BOARD ORDER NO.:

EFFECTIVE DATE: January 1, 2005

REVOKED

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POLICY STATEMENT

SECTION

REFERENCE: S. 44, *Workers' Compensation Act R.S.Y. 2002*

POLICY: REHABILITATION POLICY

GENERAL INFORMATION

The rehabilitation policy shall support the fundamental principles outlined in the Objects section of the *Workers' Compensation Act*, specifically; "to provide disabled workers with rehabilitation to assist them to overcome the effects of work-related disabilities as much as possible".

The policy falls within the context of the board's strategic plan which states, in part: "Working together with workers, employers, injured workers and their families, the board focuses on addressing the needs of workers and employers in changing work environments and helping workers overcome worker-related disabilities in both human and economic terms".

The policy outlines objectives, application and process, services, and the roles and responsibilities of participating members of the case management team. This policy recognizes that duty to accommodate forms part of the *Human Rights Act*.

OBJECTIVES

The objective of rehabilitation is for an injured worker to overcome as much as possible the effects of a work-related disability in order to restore them to their pre-disability level of personal, social, and economic functioning.

The objective shall be met through a collaborative and client-centred approach, encouraging informed choices through active participation. Rehabilitation includes physical, psychological, and vocational rehabilitation.

The approach shall ensure injured workers are fully informed on options, process, decisions and possible outcomes. The process may include education, advocacy, early intervention, ongoing contact and communication, all directed to the health of the injured worker, with an early identification of rehabilitation needs and goals.

The process shall engage partners and stakeholders as members of the case management team, and may include the following at various stages of the process:

- Injured worker
- Co-workers
- Employer
- Employer Community
- Family
- Union
- Medical Community (including physiotherapists, occupational therapists, psychologists and so on)
- Community, including self-help groups
- WCH&SB adjudication, rehabilitation, and associated staff.

Early intervention is desired wherever appropriate, recognizing that an individual's disability may have different optimal timeframes for intervention.

APPLICATION

The policy shall apply to injured workers where rehabilitation is required for the work-related disability.

PROCESS

Where a worker is eligible to receive loss of earnings benefits as a result of a work-related disability, the rehabilitation counsellor shall consult with the worker about a rehabilitation plan. Consultation on the scope of the



rehabilitation plan shall occur within twelve weeks after the loss of earning began.

The main elements of the process for rehabilitation may include physical and psychological services, return to work and/or vocational rehabilitation, and prevention services. Some elements of this process will occur at the same time as other elements; some may be done in stages; and some may not be necessary depending on the nature of the disability and other factors. (See Appendix A for diagram illustrating the rehabilitation process.)

The first phase is rehabilitation. This phase may include:

1. Medical Management, including
 - a) determine expected duration of disability
 - b) monitor reports and communicate with case management team
 - c) expedite medical and rehabilitation appointments
 - d) referral to medical consultant if recovery or milestones to recovery are longer than expected duration
 - e) confirm fitness for return to work, using a Functional Capacity Evaluation where necessary
2. Return-to-work (RTW) Planning, including:
 - a) establish case management team
 - b) complete RTW plan after considering physical and/or psychological status and meeting with injured worker, employer, adjudicator and other members of the case management team
 - c) organize case conferences if issues arise around rehabilitation plan or RTW plan
 - d) implement, monitor and adjust RTW plan
 - e) educate and consult partners and stakeholders
3. Prevention Services, including:
 - a) Encourage and coordinate early return to transitional or modified work
 - b) Conduct work-site evaluation for safe return to work environment
 - i. determine and document job demand
 - ii. recommend and implement or help implement modifications.

The desired outcome of this first phase is return to pre-accident job. Where this is not possible, as determined through the first phase, then the second phase is Vocational Rehabilitation.



This second phase may begin any time during the first phase, and will include:

- 1) Vocational assessment;
- 2) Development of vocational options and likely outcomes;
- 3) Counselling injured worker to choose an option;
- 4) Development and implementation of Vocational Rehabilitation (VR) plan; and,
- 5) Monitoring and adjusting VR plan.

The outcome of this second phase will depend on the plan as developed, and in accordance with the hierarchy of objectives for return to work programs as outlined under Services (below). The desired outcome of the second phase is return to other suitable work or fitness for employment.

ROLES AND RESPONSIBILITIES

Case Management Team – For claims identified as requiring a rehabilitation plan, a case management team shall be set up. At a minimum, the case management team shall include the following members: the injured worker, employer (who shall be encouraged to participate), representative of the injured worker (as desired by the injured worker), WCH&SB, and the medical community. This may include the attending physician. Other members may be added as outlined in the specific roles and responsibilities listed below.

When the case management team is initially established, Form A, Worker's Agreement to Participate, will be completed by the worker. Form B, Worker's Representative Agreement to Participate, will be completed by the worker's representative, along with Form C, Section A: Employer/ Employer Designate Agreement to Participate, as appropriate.

The case management team shall be responsible for providing input, assistance and expertise to the injured worker in deciding on options, developing, deciding, implementing and monitoring the effectiveness of a return to work plan or a vocational rehabilitation plan, or both, as outlined in part 4, Rehabilitation Process. The team may provide advice to the worker or to other members of the case management team as appropriate.

Injured Worker – Participates actively and communicates in the rehabilitation process. The injured worker is responsible for considering options with outcomes as developed by the case management team, and choosing an option within a timeframe that most effectively meets the goals of the rehabilitation plan. The injured worker shall be accountable to fulfill the commitments and participate fully in the rehabilitation plan.



If issues arise concerning the implementation of the plan, the injured worker may ask for the case management team to review. This request for review will be accommodated, except where to do so will result in unwarranted delays in meeting the goals of the rehabilitation plan. A decision on whether the delay is unwarranted will be made by WCH&SB staff, in consultation with the case management team.

The injured worker is responsible for identifying up to two additional members of the case management team from among family, union or other representative of their choice.

WCH&SB – The responsibility of the staff on the case management team is to use their expertise in presenting information and options with likely outcomes, timelines, and practical expectations, to help the injured worker make choices in developing the rehabilitation plan. WCH&SB staff will facilitate the development and implementation of the rehabilitation plan, and will monitor the effectiveness of the plan with the case management team. WCH&SB staff are also responsible for determining when the rehabilitation plan is completed, in consultation with the case management team.

Employer – Provides support, participates, and promotes return to work opportunities. The expertise of the employer in providing information on return to work opportunities and current job responsibilities will play an integral role in the rehabilitation process.

Employers shall be encouraged to participate in the case management team, and will be informed of the possible outcomes of their choice around participation. At a minimum, the employer shall provide information on return to work opportunities. A decision on participation shall be made when the case management team is initially established. An employer may send a designate with sufficient authority to make final decisions on behalf of the employer, with written delegation per Form C, Section B: Delegation to Employer Designate attached to this policy.

Where an employer chooses not to participate when the case management team is set up, any subsequent participation will be at the discretion of the case management team, which includes the injured worker. Employers are entitled under the *Workers' Compensation Act* to be notified of any decision, and to receive a written report concerning a worker's disability if requested in writing.

Primary Health Care Provider – According to Canadian Medical Association policy¹, the role of the attending physician is to diagnose and

¹ The policy may change from time to time; the intent is that the most up-to-date and thorough information be used. The policy can be found at the Canadian Medical Association website www.cma.ca.



treat the injury or illness, to advise and support the patient, to provide and communicate appropriate information to the patient and the employer and to work closely with other involved health care professionals to facilitate the patient's safe and timely return to the most productive employment possible. This role may include participation in the case management team, as appropriate.

Other Health Professionals – Shall be recognized as potential case management team members and may participate in the treatment and rehabilitation as requested by the team on a case-by-case basis.

Other Resources – Other resources may be used by the case management team in the implementation of the rehabilitation plan. Examples include the union, the employer community, the Medical Consultant, community organizations and other family members.

SERVICES

a) **Rehabilitation Hierarchy of Objectives**

Rehabilitation services are provided according to the following sequential hierarchy of objectives:

1. return to the same work with the same employer;
2. return to similar or comparable work with the same employer;
3. return to different, but suitable work with the same employer;
4. return to similar or comparable work with a different employer; and,
5. return to different, but suitable work with a different employer.²

Return to work statistics show that the majority of injured workers recover and are able to return to their pre-accident job. Where this is not possible because of a work-related disability, upgrading of existing skill sets may be considered as part of the vocational rehabilitation plan. Decisions about what upgrading is required will be based on the vocational assessment (below).

b) **Return-to-work (RTW) Plan**

A rehabilitation plan focused on return to the pre-accident job (objective #1) is called a RTW plan. Where objective #1 can be met, a RTW plan will be developed that will include the following key elements:

- identification of the case management team
- entitlement section, including rehabilitation and vocational rehabilitation, as needed
- treatment and recovery expectation
- expectations and goals for the injured worker's return to work; and
- review dates for the team to review the plan, responsibilities, and milestones.

² Occupations may be analyzed for which self-employment is a realistic choice as a different employer but within the context of the vocational assessment and cost analysis.



Rehabilitation research supports that virtually any return to work opportunity promotes rapid recovery for most injuries. WCH&SB staff will work with the worker, employer and co-workers to design and support return to work programs that recognize the specific needs of the injured worker balanced with the impact return to work can have on the workplace. These programs are described a bit more fully in Appendix B, and may include:

- Trial of Work
- Training on the Job
- Transitional Work
- Graduated Return to Work
- Modified Work including hours of work, job duties and work-site modification.

Cost sharing arrangements may be available to individual employers participating in return-to-work programs, in accordance with Appendix C.

c) Vocational Assessment

Where objective #1 of the rehabilitation hierarchy under section (a) above cannot be met, then a vocational assessment is done. This assessment will take into account aptitudes, skills, interests, culture and gender, labour market opportunities, age, loss of earning benefits and employment profile. The assessment will be used to generate options and possible outcomes and will be used as the basis for discussion with the worker and the case management team.

As part of the discussion, timeframes for completing the plan or different elements of the plan will be agreed upon. A default option, with associated possible outcomes based on cost-drivers to the fund, will be identified that will be used if another option is not chosen within the timeframe.

Options shall be analyzed based on the rehabilitation hierarchy of objectives and on all the following factors:

- likelihood for return to work or return to fitness for employment;
- costs to the fund;
- need for training or re-education;³
- impact on the worker.

In most cases, the cost to the fund will be determined by comparing:

1. the total estimated costs of required vocational services, including any additional training allowance as determined under Services, section d;
2. the remaining compensation benefits that the worker is entitled to;
3. the estimated cost of alternative return-to-work plans; and,
4. the estimated benefit costs if no return-to-work services are provided.

³ When upgrading of skill sets is required, training on-the-job is the preferred method of retraining. Where this is not possible, then re-education may be considered for inclusion in the vocational rehabilitation plan.



In most cases, the impact on the worker will be determined through analysis of factors such as:

1. opportunity to remain within the Yukon;
2. choice of employment pattern, whether full-time or seasonal;
3. additional supports that may be required to implement the plan; and,
4. impact on the family.

Quantification of these factors may include the direct and indirect financial costs to the worker. However, not all of these factors are able to be quantified numerically and some judgement must be exercised, in accordance with the *Workers' Compensation Act* and this policy.

The National Occupation Classification, Yukon Job Futures, and Canada Job Futures, as well as national and provincial labour market information will be used as references.⁴

d) Vocational Rehabilitation Plan

Following the vocational assessment, a rehabilitation plan will be developed, focused on return to suitable work other than the pre-accident job. The vocational rehabilitation plan will be developed in consultation with the injured worker and signed by the case management team. In accordance with the hierarchy of objectives outlined above, the plan shall include:

- goal(s)
- measures
- timeframes and default option(s)
- action plan – what has to be done, who will do it, by when.

Regular review of the vocational rehabilitation plan will be included in the plan. The injured worker is encouraged to bring concerns about the implementation of the plan to the case management team during or between the scheduled reviews. This would include the failure of other members of the team to meet their obligations under the plan. If the case management team agrees, this lack of adherence to the obligations will result in the revision of the plan and timelines.

Wage loss benefits are determined and paid in accordance with Policy CL-35, Loss of Earning benefits.

An additional training allowance may be paid where warranted by the analysis done on the cost to the fund as outlined in Services, section C. The additional training allowance shall not exceed the short-term benefit rate and shall only be paid where a worker is actively engaged in the activities associated with the vocational rehabilitation plan.

⁴ The titles of these may change from time to time; the intent is that the most up-to-date and thorough information be used.



Additional financial assistance for re-education or retraining may be agreed to as part of the plan to cover additional costs of materials that are needed for the implementation of the plan. This assistance shall be included as part of the analysis in the section on Services, part (c), of this policy and may result in different options being recommended.

Failure on the part of the injured worker to meet an obligation in the action plan shall result in the conclusion of the rehabilitation plan as outlined in the Conclusion of Rehabilitation Services section of this policy, unless the plan is revised with the consent of the WCH&SB staff on the case management team, based on analysis of the costs to the fund of the options remaining.

CONCLUSION OF REHABILITATION SERVICES

Rehabilitation services shall be concluded by WCH&SB, with input from the case management team, based on the following factors:

- a. The goals of rehabilitation have been achieved as evidenced by progress reporting, evaluation, testing results and medical evidence validating that the injured worker is fit for employment;
- b. The injured worker is not going to benefit from continued vocational rehabilitation or return to work services as determined by the case management team;
- c. The injured worker fails to co-operate with and/or abandons the rehabilitation plan;
- d. The injured worker refuses to accept suitable employment;
- e. The injured worker's choice to relocate to a place which significantly limits the ability of the WCH&SB to continue with the provisions of the rehabilitation plan; or,
- f. The injured worker voluntarily ends employment or is terminated for cause.

The conclusion of the rehabilitation plan will lead to further steps in the compensation process including implementation of related Policies if required, such as CS-02 (re-employment assistance allowance), CS-08 (fitness for employment; suitable occupation; deeming), CL-30 (suspension or reduction of compensation), or CS-03 (relocation of disabled workers regarding moves after re-education or retraining).

DEFINITIONS

Fitness for Employment

Fitness for employment means an injured worker is medically capable of returning to work in a suitable occupation.



The Board considers an injured worker fit for employment when a suitable occupation has been identified by WCH&SB that the injured worker is capable of performing. Suitable work shall meet the following conditions:

- the work can be performed without endangering the injured worker's recovery or safety and the safety of others;
- the injured worker has the skills required to perform the work.

Suitable Occupation(s)

Suitable occupation(s) means an occupation or occupations that have been identified by WCH&SB based on:

- the injured worker's abilities and skills;
- the injured worker's limitations and barriers;
- match of the injured worker's abilities/limitations to occupations referenced in the National Occupation Classification System (NOC); and,
- evaluation of potential occupations to local or Yukon-wide job market for suitability, including having a realistic expectation of availability.

Vocational Assessment

Vocational Assessment means the administration of standardized tests that are used to determine an injured worker's vocational interests, academic achievement, aptitudes, physical abilities and transferable skills. Vocational options are identified based on the results of these standardized tests in consultation with the worker and the case management team. Options are analyzed in accordance with the section on Services.

Functional Capacity Evaluation (FCE)

A Functional Capacity Evaluation is a series of tests performed on a worker that provides an independent assessment and job simulation of critical physical demands, a reliable prediction of functional physical tolerances and the frequency with which a worker can perform them. The information is used to determine whether an individual can return safely to pre-injury employment or participate in alternate work, and whether an individual has the physical tolerances to participate in retraining or other rehabilitation programs.

Rehabilitation Plan

There are two types of rehabilitation plans:

- Return-to-Work plans; and
- Vocational Rehabilitation plans.

Both types of rehabilitation plans are developed in consultation with the case management team, aimed at meeting the objectives outlined in this policy.



Case Management

This is a process used to maximize the resources and assistance available to the injured worker in reviewing options, choosing a plan of action, and ensuring that the plan is followed and reviewed regularly.

REFERENCES (for information only)

The following policies provide additional information related to rehabilitation and compensation benefits (for complete reference please check the policy manual for other policies and details):

CL-30 Suspension, Reduction & Termination of Compensation

CL-35 Loss of Earnings Benefits

CL-47 Pre-Existing Conditions

CS-01 Treatment

CS-02 Re-employment Assistance Allowance

CS-03 Relocation of Disabled Workers

CS-08 Fitness for Employment; Suitable Occupation; Deeming

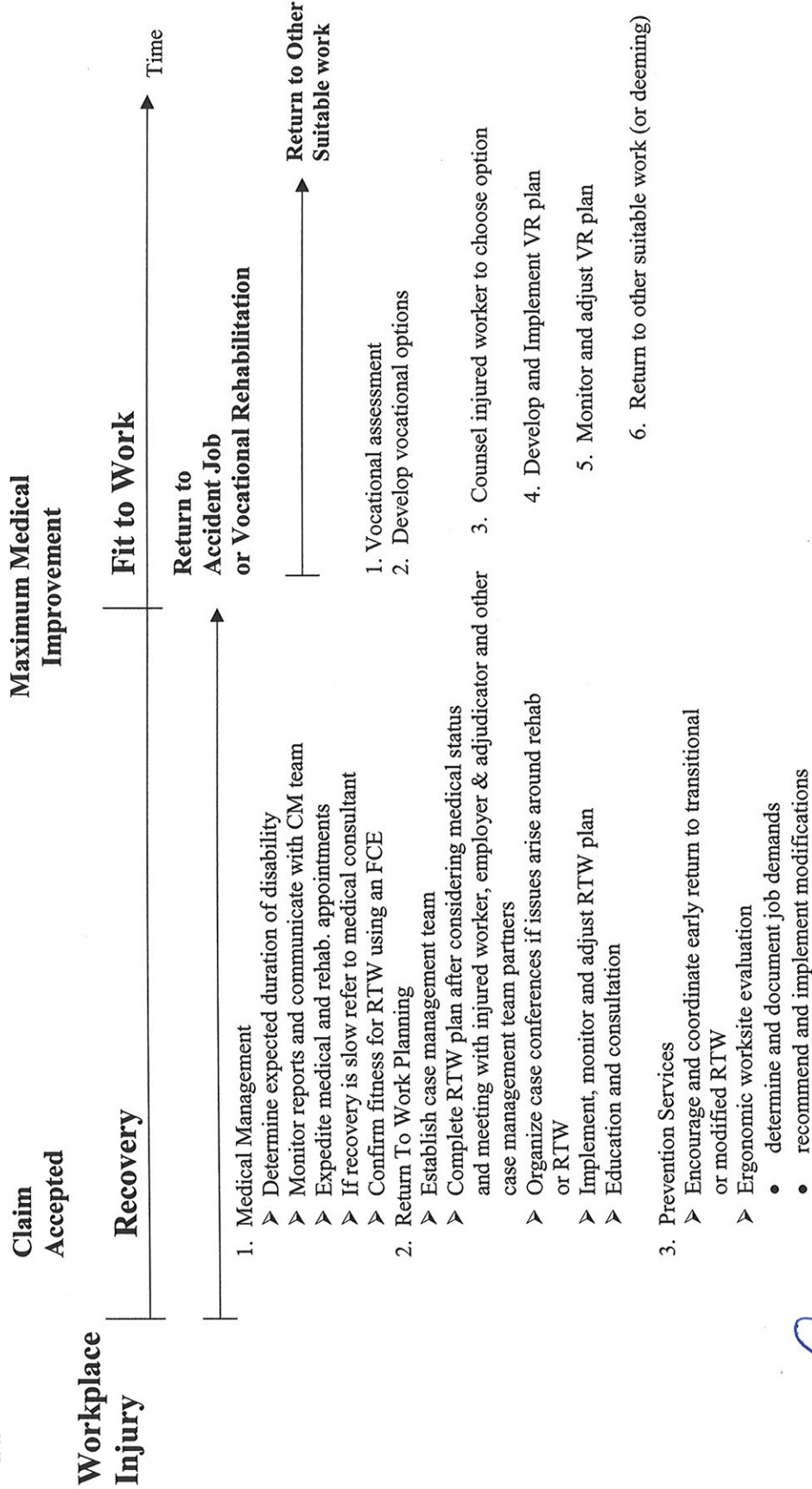
HISTORY

1. Policy Statement CS-04, Training on the job, effective January 1, 1993; rescinded January 1, 2005.
2. Policy Statement CS-05, Rehabilitation, effective December 9, 1993; Rescinded January 1, 2005.
3. Policy Statement CS-07, Vocational Rehabilitation; effective November 4, 1994 Rescinded January 1, 2005.
4. Policy Statement CS-09, Return to Work Programs; effective March 8, 1995; Rescinded January 1, 2005.
5. Policy statement CS-10, Graduated Return to Work Programs; effective March 7, 1995; Rescinded January 1, 2005.



APPENDICES OR CASE STUDIES

Appendix A – Rehabilitation Process



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Appendix “B” – Return to Work Programs

A combination of return-to-work programs may be used in the rehabilitation of an injured worker. Return-to-work programs promote an injured worker's return to fitness for employment and ultimately employment.

Objectives of Return-To-Work Programs

The objectives of return-to-work programs shall be as follows:

- to preserve, as closely as possible, an injured worker's pre-disability earning capacity;
- to reduce an injured worker's period of disability;
- to reduce or avoid negative effects on an injured worker resulting from long term absences from work;
- to retain an injured worker's employment skills;
- to maintain an injured worker's contact with co-workers and employer;
- to improve an injured worker's physical, social and psychological well being after a work-related disability; and,
- to assist an injured worker maintain dignity and self-esteem.

Return-To-Work Programs

1. Graduated Return-To-Work

A graduated return-to-work program is a return-to-work program that permits an injured worker to gradually and safely resume employment through a steady progression of hours and/or duties tailored to the needs of the individual. The program shall be focused on the hierarchy of objectives but is not limited to the same work with the same employer.

A graduated return-to-work program is considered a rehabilitation service. A graduated return-to-work program may be undertaken when the work-related disability does not allow an injured worker's immediate return to pre-disability employment, but the injured worker is able to return to work on a reduced basis.

A graduated return-to-work program is aimed at facilitating an injured worker's gradual transition from disability to full employment. A program may be implemented when it is considered appropriate to achieve maximum physical, psychological, economic and social recovery from the effects of a work-related disability on a timely basis.

The objectives of graduated return-to-work shall be:

- to allow an injured worker to achieve a steady progression of hours and/or duties;
- to improve an injured worker's physical capabilities;
- to increase an injured worker's physical strength and tolerances gradually;
- to improve an injured worker's psychological readiness to return to work;
- to restore an injured worker's job skills; and,



- to ensure an injured worker can perform tasks without safety or health risk to the injured worker or others.

2. Modified Work

Modified work is any and all modifications to the physical work environment (ergonomics), job duties, tasks or hours of work that will accommodate an injured worker's abilities and/or functional limitations.

3. Trial of Work

Trial of work is a trial placement of an injured worker with an employer to test and assess an injured worker's functional capabilities in a job setting.

4. Transitional Work

Transitional work is a valuable form of rehabilitation in the workplace. It is work that is not considered part of the employer's "bottom line" (not budgeted) but that would benefit the injured worker's rehabilitation and return to work. This might include:

- the injured worker shadowing a person doing his/her pre-accident job
- a meaningful make-work project
- taking on various duties of co-workers that are suitable.

Transitional work allows the injured worker to maintain the workplace bond, improve work abilities while working within set limits and contribute positively to the workplace.

5. Training-on-the-Job

Training on the job is often a good option for return to work plans. Where this option is chosen and the employer is not a signatory to the vocational rehabilitation plan, a contract between the employer, injured worker and the WCH&SB will be required, to identify key elements, milestones, timelines, and the final outcome in advance.

6. Process

- The injured worker's doctor, treating therapist or the Medical Consultant will be contacted to obtain written or verbal agreement that the return to work program in accordance with this Appendix is within the injured worker's physical capabilities.
- The proposed return to work program must be agreed to and signed by the case management team as part of the rehabilitation plan.
- When a return to work program has been approved and signed, a copy will be sent to the employer and the injured worker.



Appendix “C” – Cost Sharing

Principles

1. Return to work benefits the employer and the injured worker.
2. The Workers' Compensation Health & Safety Board has an interest in providing supports to the employer and the injured worker, to facilitate the injured worker's return to work under a rehabilitation plan as defined in the policy.
3. Cost-sharing arrangements are intended to facilitate the injured worker's return to work.
4. Cost-sharing arrangements with employers are intended to recognize the direct and indirect costs to the employer, as well as the benefits to the employer.

Notes:

- Graduated Return-to-Work, Modified Work, and Training on the Job involve injured workers doing parts of a job, which may provide a direct benefit to the employer.
- Trial of Work may be a test of a worker's ability to do their full duties. Normally, the board pays 100% of a trial for a short period of time as a form of workplace assessment and the worker remains on loss of earnings benefits in accordance with their entitlement.
- Transitional Work is used when the worker's abilities are greatly reduced and one of the rehabilitation plan's aims is to maintain workplace attachment. There is usually someone still doing the injured worker's job and therefore the worker continues to receive loss of earnings benefits in accordance with their entitlement while they perform suitable duties as part of their treatment. This benefits the worker and employer.

Guidelines:

Cost-sharing shall be negotiated with an employer for rehabilitation plans that include graduated or modified return to work, and training on the job. The degree of cost-sharing should be based on the amount of work that the injured worker is able to contribute to the employer. The following guidelines should be used in these cost-sharing arrangements:

- Each rehabilitation plan involving graduated or modified return to work, or training on the job, will be negotiated with the employer and the case management team through WCH&SB staff.




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- A shared cost arrangement shall be on a sliding scale based on relative contributions to completing full duties.
- Any cost shared plan must be agreed to and signed by the employer. The proposed plan will include regular review and assessment.



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FORM A
Worker's Agreement to Participate

When a worker signs the Agreement to Participate form, they:

- confirm that they have read and understand Policy CS-11 Rehabilitation Policy;
- confirm that they will assist in the development of the return to work plan;
- confirm that they are part of the case management team and agree to follow any action plan outlined in the return to work plan;
- agree to advise the case management team of any problems that might impact or affect their completion of the return to work plan; and,
- agree that information regarding their file may be provided at the Case Management Team meetings to assist in the development of a Return to Work Plan.

Signature of worker: _____ Date: _____

This form must be submitted to the WCH&SB at the time the case management team is set up, in accordance with the policy.


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FORM B
Worker's Representative Agreement to Participate

To be signed by the worker's representative, which may include an union representative, family member, or other person of the worker's choice

When the worker representative signs the Worker's Representative

Agreement to Participate form, they:

- Agree to be bound by confidentiality, warranting they shall not provide any information, or a copy of the return to work plan, to a third party.
- Confirm that they participate in good faith, recognizing their role on the team is to assist the worker in their safe, effective return to health and employability in the most effective and efficient manner possible.

Signature of worker representative: _____

Date: _____

This form must be submitted to the WCH&SB at the time the case management team is set up, in accordance with the policy.



FORM C

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Section A: Employer/Employer Designate Agreement to Participate

To be signed by the employer or employer's designate, who is a member of the Case Management Team

When any of the above noted sign the Employer/Employer Designate

Agreement to Participate form, they:

- Agree to be bound by confidentiality, warranting they shall not provide any information, or a copy of the return to work plan, to a third party.
- Confirm that they participate in good faith, recognizing their role on the team is to assist the worker in their safe, effective return to health and employability in the most effective and efficient manner possible.

Signature of employer / designate: _____

Date: _____

This form must be submitted to the WCH&SB at the time the case management team is set up, in accordance with the policy.

Section B: Delegation to Employer Designate

The Rehabilitation Policy provides for a case management team to be set up for workers requiring rehabilitation. The case management team includes a role for employers, as outlined below:

Employer – Provides support, participates, and promotes return to work opportunities. The expertise of the employer in providing information on return to work opportunities and current job responsibilities will play an integral role in the rehabilitation process.

Employers shall be encouraged to participate in the case management team, and will be informed of the possible outcomes of their choice around participation. At a minimum, the employer shall provide information on return to work opportunities. A decision on participation shall be made when the case management team is initially established. *An employer may send a designate with sufficient authority to make final decisions on behalf of the employer, with written delegation per Form C, Section B: Delegation to Employer Designate attached to this policy.*(emphasis added)

Where an employer chooses not to participate when the case management team is set up, any subsequent participation will be at the discretion of the case management team, which includes the injured worker. Employers are entitled under the *Workers'*



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Compensation Act to be notified of any decision, and to receive a written report concerning a worker's disability if requested in writing.

This form will be used when an employer is designating someone to attend on her or his behalf. The signature of the employer confirms that the designate is empowered to make decisions binding on the employer.

Claimant name or file #: _____

Employer: _____

Address: _____

Phone # and e-mail: _____

Name of designate: _____

Title: _____

I agree that my designate has the authority to represent the employer. My signature is confirmation that my designate can make decisions binding on the employer.

Signature of employer: _____ Date: _____

Signature of designate: _____ Date: _____

