

BOARD POLICIES

REHABILITATION

At the Workers' Compensation Board meeting held on March 28, 1984, the following policy was agreed upon and adopted.

No. 5 Training-on-the-Job

Training-on-the-job is generally a preferred method of training because of the following reasons:

1. The worker's educational status is generally not important.
2. The worker's present skills can be utilized and upgraded in a related training-on-the-job program.
3. The worker usually gets a current rate for the job because the employer and the Board, and possibly other agencies, will be sharing the wages.
4. The employer is able to train the worker to their specifications, on specific equipment; using specific methods.
5. The worker, by the nature of the training, already has a job and does not have to seek employment following the training period.
6. While undertaking the training, the worker will be entitled to all the benefits of other employees.

In formulating a training-on-the-job program the following guidelines should be used:

1. Each training-on-the-job contract should be negotiated with the employer and the Board.
2. A shared cost arrangement should be on a sliding scale, i.e., on a six month training-on-the-job program, where the Board pays 75 percent of the worker's wages for the first two months, and the employer pays 25 percent. The third and fourth months the Board would pay 50 percent and the employer pays 50 percent. On the fifth and sixth months, the Board pays 25 percent and the employer pays 75 percent. This of course would depend on the length of time it would be necessary to train the worker in that particular field. In no case are Board payments to exceed total disability compensation.
3. The worker's doctor or the Board's medical advisor should be contacted to obtain written or verbal agreement that training-on-the-job is within the worker's physical capabilities.
4. The worker should request, or at least give consent, to the proposed training-on-the-job program.

5. Three copies of the Contract should be made out by the Board's staff and signed by the employer, the worker and the Board. Two copies of the form, Conditions for Training, must be signed by the worker. One copy is attached to the Contract and one copy is retained by the worker.
6. When a training-on-the-job program has been approved, a copy of the Contract should be sent to the employer and the worker with letters of confirmation to the worker and employer, enclosing a supply of Attendance Records which the worker has filled out by a company official and returned to the Board at stipulated periods. The Board's share of the training-on-the-job program is paid directly to the employer. The advantage to this is the worker will be covered by Unemployment Insurance, C.P.P., and any other company benefits. Unlike formal training programs, a worker's pension is not deducted from training allowances in a training-on-the-job program. The recommendation for a training-on-the-job program should contain a very brief history of the worker's injury and resulting disabilities, followed by a brief description of previous work history and why it is necessary to retrain into another occupation.

The cost of these services must be approved by the Rehabilitation Committee and charged to the Reserve for Rehabilitation. Any person aggrieved by a decision made under this policy may appeal to the Review Committee.



B. Booth
Chairman



SUITE 300-4114 4TH AVENUE
WHITEHORSE, YUKON Y1A 4N7

VOCATIONAL REHABILITATION BRANCH

LETTER OF AGREEMENT

NAME: _____ CLAIM NO: _____ of the first part,
and the Yukon Workers' Compensation Board of the second part.

Type of Training: _____ Training Institution: _____

Starting Date: _____ Completion Date: _____

DETAILS OF AGREEMENT

COURSE OF TRAINING Selection agreed to by the Worker and the Vocational Rehabilitation Consultant. Approval to be given by the Workers' Compensation Board before the commencement of the training.

JOB PLACEMENT Not a responsibility of the Workers' Compensation Board, but assistance is available. Programmes should not be undertaken unless there is reasonable probability of employment at completion of training.

COUNSELLING & GUIDANCE Will be provided on a continual basis by the Consultant.

TUITION FEES, TEXTBOOKS & SUPPLIES The worker will be reimbursed by the Workers' Compensation Board for those purchases previously approved by the Vocational Rehabilitation Committee.

ATTENDANCE REPORT Certified and submitted by the instructor to the Workers' Compensation Board, at the end of the month, covering the past month

TRAINING ALLOWANCE Paid every two weeks, based on satisfactory performance and attendance.

ABSENCE FROM TRAINING Allowances will be suspended when absence occurs, except:
(1) Where absence is due to illness and a doctor's certificate is presented to the Workers' Compensation Board; and
(2) Where absence is due to unusual and unexpected circumstances and is approved by the Vocational Rehabilitation Committee.

UNAUTHORIZED ABSENCES Allowances may be deducted retroactively for any unauthorized absences.

I have read and I understand the agreement and the conditions outlined above,

Worker's signature _____ Date _____ Witness _____

WCB's Approval _____ Date _____ Witness _____



SUITE 300 - 4114 - 4TH AVENUE
WHITEHORSE, YUKON Y1A 4N7
TEL: (403) 667-5645 TELEX: 036-8-260

FILE NUMBER:

Date

Mr./Ms. John/Jane Smith
Manager/Manageress
John's Trucking
Whitehorse, Yukon
Postal Code

Dear Mr./Ms. Smith:

Re: Claimant -
Claim Number -

This letter will confirm that the Board has agreed to participate with your Company in a work orientation program to enable Mr./Ms. Doe to familiarize himself/herself with the duties of _____ (POSITION) _____.

I understand this orientation program commenced _____ (DATE) _____ and is of six month's duration. During this period, the Board's share of training expenses as per the attached training-on-the-job form will be paid directly to John's Trucking.

In order that we may have some basis for making these payments, we enclose a supply of attendance reports which should be filled out, initialled by a Company official and mailed to this office once per month. The Board's share of training costs will be paid on receipt of these reports.

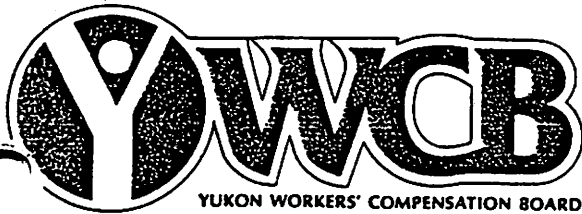
Your assistance and interest in this worker's rehabilitation is very much appreciated.

Yours truly,

A handwritten signature in black ink, appearing to read 'B. Booth', is written over a horizontal line.

B. Booth
Executive Director

BB/



SUITE 300 - 4114 4TH AVENUE
WHITEHORSE, YUKON Y1A 4N7
TEL: (403) 667-5645 TELEX: 036-8-260

FILE NUMBER:

Date

Mr. John Doe
123 Street
Whitehorse, Yukon

Dear Mr. Doe:

RE: Your Claim No. -

This letter will confirm that the Board has agreed with John's Trucking on a training on-the-job program to enable you to learn the duties of (position).

I understand this training program commenced on (date) and is of six months duration. During this period, the Board will pay to your employer for the first two months 75% of your wages and for the second two months 50% of your wages and for the fifth and sixth months 25% of your wages. These amounts are over and above your permanent disability award which you will receive monthly. After the end of this period the Board's responsibility for training ceases.

I wish you every success.

Yours truly,

B. Booth
Executive Director

BB/



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VOCATIONAL REHABILITATION BRANCH

TRAINING-ON-THE-JOB AGREEMENT

Claim Number: _____ Name: _____

Name of business providing the training: _____

Address: _____ Phone: _____

Contact Person: _____

In the trade of: _____ As: _____

Starting date: _____ Completion date: _____

Hours per week: _____ Rate on completion: \$ _____ Per hour

Division of cost between the Workers' Compensation Board and the Employer

Month	WCB's Cost	EMPLOYER's Cost	Total Salary to be Paid
1	% \$	% \$	\$
2	% \$	% \$	\$
3	% \$	% \$	\$
4	% \$	% \$	\$
5	% \$	% \$	\$
6	% \$	% \$	\$
7	% \$	% \$	\$
8	% \$	% \$	\$
9	% \$	% \$	\$
10	% \$	% \$	\$

Special Equipment, Physical Aids and Other Cost: _____

Signature of Worker: _____ Date: _____

Signature of Employer: _____ Date: _____

Signature of Consultant: _____ Date: _____

Name of Vocational Rehabilitation Consultant: _____

Approval by the Yukon Workers' Compensation Board: _____ Date: _____

Notes:



SUITE 300-4114 4TH AVENUE
WHITEHORSE, YUKON Y1A 4N7

VOCATIONAL REHABILITATION BRANCH
TRAINING ATTENDANCE REPORT

NAME: _____ CLAIM NO: _____

Training Institution: _____ Month of: _____

This report is to be completed daily by the Instructor, signed and submitted by the the third working day of the month following the month the report covers, to the Workers' Compensation Board.

DATE ATTENDED	AM	PM	ABSENT	AM	PM	DATE ATTENDED	AM	PM	ABSENT	AM	PM
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					

IMPORTANT: All absences must be reported with explanations.

Instructor's Name: _____ Signature: _____ Date: _____

Vocational Rehabilitation Consultant: _____ Date: _____