

REQUEST FOR APPROVAL OF VOCATIONAL REHABILITATION
TRAINING AGREEMENT
UNDER RSA 281-A:25

EMPLOYEE:
EMPLOYER:
INSURANCE CARRIER:
DATE OF ACCIDENT:

TYPE OF INJURY/NATURE AND EXTENT OF DISABILITY:

VOCATIONAL GOAL AND RATIONALE:

DETAILS OF THE PLAN:

DATES AND COSTS

Carrier responsibilities

Employee responsibilities

Rehabilitation Provider responsibilities

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EMPLOYEE: _____ DATE OF INJURY: _____

BENEFIT PROVISIONS:

The employee may be eligible for temporary total, temporary partial, and/or dec rate. Please indicate which benefit applies and the duration.

The medical provisions of the workers' compensation law shall continue as needed.

OTHER PROVISIONS:

Example: Attach copy of OJT agreement, course description, etc.

Employee _____ Date _____

Rehabilitation Provider _____ Date _____

Carrier Representative _____ Date _____

Date Submitted: _____

Date Approved: _____

Labor Department Representative

PAGE

EMPLOYEE: _____ DATE OF INJURY: _____

AMENDMENT DATE: _____

Employee _____ Date _____

Rehabilitation Provider _____ Date _____

Carrier Representative _____ Date _____

Date Submitted: _____

Date Approved: _____

Labor Department Representative