

SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER FORM
FOR INJURIES OCCURRING ON OR AFTER 1/1/13

This is a supplemental job displacement non-transferrable \$6,000 voucher for education-related retraining and/or skill enhancement. It can be used for education, counseling and/or training services. You can take this voucher to a California public school or to a state-certified provider that is approved and included on the Eligible Training Provider List, at <http://etpl.edd.ca.gov> list of approved training providers and schools maintained by EDD at <https://www.caljobs.ca.gov/vosnet/> and the school will be directly reimbursed upon receipt of a documented invoice by the claims ~~examiner~~ administrator. You can also present this voucher to a ~~counselor~~, an approved Vocational Return to Work Counselor ("VRTWC"), which can be selected from the list on the Division of Workers' Compensation's ("DWC") website at: http://www.dir.ca.gov/dwc/SJDB/VRTWC_list.pdf.

This voucher may be applied to any of the following expenses at the choice of the injured employee:

- (1) Education-related retraining or skill enhancement, or both, at a California public school or with a provider that is certified and on the Eligible Training Provider List, including payment of tuition, fees, books, and other expenses required by the school for retraining or skill enhancement.
- (2) Occupational licensing or professional certification fees, related examination fees, and examination preparation course fees (page 5 of 6).
- (3) The services of licensed placement agencies, vocational or return-to-work counseling, and résumé preparation, all up to a combined limit of \$600 (page 2 of 6).
- (4) Tools required by a training or educational program in which the employee is enrolled (page 5 of 6).
- (5) Computer equipment including, monitors, software, networking devices, keyboards, mouse, printers, and tablet computers of up to \$1,000 submitted with appropriate documentation (page 4 of 6 of this packet). The employer may give the employee the option to obtain computer equipment directly from the employer. The employee shall not be entitled to reimbursement for games or any entertainment media.
- (6) Up to \$500 as a miscellaneous expense reimbursement or advance, payable upon request (by submitting page 3 of this packet via email or regular mail) without need for itemized documentation or accounting. The employee is not entitled to any other voucher payment for transportation, travel expenses, telephone or internet access, clothing or uniforms, or incidental expenses.

~~Because you have received this Voucher and are unable to return to your usual employment, you may be eligible for a Return to Work Supplement. You must apply within one year from the date this Voucher was served on you. You should make a copy of the Voucher which you will need to apply for the Return to Work Supplement. Details about the Return to Work supplement program are available from the Department of Industrial Relations on its website, www.dir.ca.gov, or by calling 510-286-0787.~~

If you pay for eligible expenses, you may be reimbursed for these expenses upon submission of documented receipts to the claims administrator for reimbursement. Reimbursement payments must be made by the claims administrator within 45 calendar days upon receipt of voucher, receipts, and documentation.

~~If you decide to voluntarily withdraw from a program, you may not be entitled to a full refund of the voucher.~~

~~If there is a dispute regarding this voucher, the employee or claims administrator may file Form DWC-AD 10133.55 "Request for Dispute Resolution before the Administrative Director" with the Administrative Director, Division of Workers' Compensation, P.O. Box 420603, San Francisco, CA 94142-0603.~~

If you have a question or need more information, ~~you can~~ contact your attorney, employer or the claims administrator. You can also contact a DWC Information and Assistance ("I&A") Officer. Contact

information for I&A can be found at: <http://www.dir.ca.gov/dwc/ianda.html>, or by calling 1-800-736-7401 and emailing DWCSJDBinquiries@dir.ca.gov.

Any dispute regarding this voucher must be brought before a Workers' Compensation Administrative Law Judge at a DWC District Office for resolution. A complete list of District Offices and links to their respective addresses and phone numbers can be found at: <https://www.dir.ca.gov/dwc/dir2.htm>. Most District Offices have I&A Officers on staff, who can provide assistance to injured workers, employers and others. Recorded information from the I&A staff is available 24 hours a day by calling (800) 736-7401 or you may contact a local District Office during business hours to speak with a live person.

Because you have received this Voucher and are unable to return to your usual employment, you may also qualify for an additional one-time \$5,000 payment from the Return-to-Work Supplement program. You must apply within one year from the date this Voucher was served to you (Proof of Service date on page 6 of 6). You should make a copy of the Voucher which you will need to apply at <https://www.dir.ca.gov/RTWSP/RTWSP.htm> or by visiting a DWC district office. For more information about the Return-to-Work supplement program please visit www.dir.ca.gov, or by calling 510-286-0787.

DRAFT

This section is to be completed by the Claims Administrator only

Employee Last Name

Employee First Name

MI

Claims Administrator

Claims Representative/Claims Adjustor

Claims Mailing Address

City

State

Zip Code

Claim No.

Claims Phone Number

Claims Email Address (optional)

Date of Injury

After this voucher expires, it will be unusable. All claims for expenses and reimbursement must be submitted to the claims adjuster before the expiration date.

Date Voucher Expires: _____

MM/DD/YYYY

Approved Vocational Return-to-Work Counselor (if any) (To Be Completed By the Employee/Approved Counselor) If you will be using the services of a vocational return-to-work counselor, ~~and/or training provider/school~~, the counselor must be approved and included on the list maintained by the DIR or they may not be paid for their services. Please complete the bottom of this page and mail it to the claims administrator.

Last Name

First name

MI

Address:

City:

State

Zip Code

Phone

Funds used for counseling (not to exceed \$600): \$ _____

Approved Training Provider or School Details (if any) (To Be Completed By the Employee/Approved Counselor). The provider must be approved and included on the Eligible Training Provider list ("ETPL") maintained by the EDD.

Provider Name

Address:

City:

State

Zip Code

Phone

Training Cost: \$ _____

The Injured Employee Must Sign and Date this Voucher Form for Vocational Return-to-Work Counselor services.

Signature: _____

Date _____

MM/DD/YYYY

SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER FORM
REQUEST FOR \$500 MISCELLANEOUS EXPENSES

This section is to be completed by the Claims Administrator only

Employee Last Name	Employee First Name	MI	
<hr/>			
Claims Administrator	Claims Representative/ <u>Claims Adjuster</u>		
<hr/>			
Claims Mailing Address			
<hr/>			
City	State	Zip Code	Claim No.
<hr/>			<hr/>
Claims Email Address		Date of Injury	
<hr/>		<hr/>	

This section to be completed by the Employee. (Leave blank if not availing the \$500 miscellaneous expense reimbursement or advance.

I request \$500 as a miscellaneous expense reimbursement or advance.

Injured Employee
Signature: _____ Date _____
MM/DD/YYYY

If you would like to request \$500 miscellaneous expenses, please complete this form and submit it to the claims adjuster. If an e-mail address was provided, you can submit this form via e-mail, otherwise, please mail this form to the claims adjuster. You will not be entitled to any other voucher payment for transportation, travel expenses, expenses, telephone or internet access, clothing or uniforms or incidental expenses.

If you are requesting reimbursement for the purchase of computer expenses, please mail a Request for Purchase of Computer Equipment (page 4 of 6) to the claims adjuster with appropriate documentation.

If you are requesting reimbursement for the purchase of tuition, fees, books, and/or tools, please mail a Request for Reimbursement of Expenses (page 5 of 6) to the claims adjuster with appropriate documentation. Payments must be made by the claims adjuster within 45 calendar days of receipt of the request.

SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER FORM
REQUEST FOR PURCHASE OF COMPUTER EQUIPMENT UP TO \$1,000

This section is to be completed by the Claims Administrator

Employee Last Name	Employee First Name	MI	
_____	_____	_____	
Claims Administrator	Claims Representative		
_____	_____		
Claims Mailing Address			

City	State	Zip Code	Claim No.
_____	_____	_____	_____
Claims Phone Number			Date of Injury
_____			_____

This section to be completed by the Employee. (Leave blank if not availing the \$1,000 computer expense reimbursement).

I request a total of \$ _____

- A receipt of purchased equipment is attached for reimbursement.

- A written invoice is attached.

- I accept the claims administrator's/employer's offer to furnish computer equipment. (If an offer was provided.)

Injured Employee Signature: _____ Date _____
MM/DD/YYYY

Up to \$1,000 for purchase(s) of computer equipment including, monitors, software, networking devices, keyboards, mouse, printers, and tablet computers is available. You are not entitled to reimbursement for purchase of games or any entertainment media.

If the computer equipment will be provided directly to you, your employer must provide the computer equipment along with documentation of the cost of the computer equipment within 45 days of receipt of this Request for Purchase of Computer Equipment.

Payment of tuition, fees, books, and tools may also be reimbursed using page 5 of 6.

If you have requested \$500 in miscellaneous expenses (page 3 of 6), you are not entitled to reimbursement for transportation, travel expenses, telephone or internet access, clothing, uniforms, or incidental expenses.

SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER FORM

REQUEST FOR REIMBURSEMENT OF EXPENSES
(Tuition, Licensing/Certification Fees, Books, and Tools)

This section is to be completed by the Claims Administrator only

Employee Last Name	Employee First Name	MI	
_____	_____	_____	
Claims Administrator	Claims Representative/ <u>Claims Adjuster</u>		
_____	_____		
Claims Mailing Address	_____		
_____	_____		
City	State	Zip Code	Claim No.
_____	_____	_____	_____
Claims Phone Number	Date of Injury		
_____	_____		

This section to be completed by the Employee. (Leave blank if not availing reimbursement of expenses.)

I request a total of \$ _____ for reimbursement for expenses. Complete receipts or other documentation must be attached.

Injured Employee Signature: _____ Date _____
MM/DD/YYYY

If you would like to request reimbursement of expenses for tuition, fees (licensing/certification), books, and tools, please complete this page and mail it to the claims adjuster with documentation substantiating your expenses.

If you have requested \$500 in miscellaneous expenses (page 3 of 6), you are not entitled to reimbursement for transportation, travel expenses, telephone or Internet access, clothing, uniforms, or incidental expenses.

For computer equipment purchases, please complete a Request for Purchase of Computer Equipment (page 4 of 6) and mail it to the claims adjuster with appropriate documentation.

SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER FORM

PROOF OF SERVICE

This section is to be completed by the Claims Administrator only

On _____, I served the foregoing document(s): Supplemental Job Displacement Non-Transferable Voucher for Injuries Occurring on or After 1/1/13 (Form DWC - AD 10133.32) for Claim Number

_____ to the parties listed below:

Name of Injured Worker: (required):

Address: (required):

ADJ Number: (if any):

Applicant Attorney(s) Name:

Firm Name:

Address:

Defendant's Attorney(s) Name:

Firm Name:

Address:

_____ by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail.

_____ by personal service.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____, CA.

Signature of Person who Served the Papers (required): _____

Print Name (required): _____