



Vocational Improvement Project

April 22, 2008.

E-Transactions Step-by-Step

Overview

Claim and Account Center (CAC) has a series of new screens that allow Vocational Rehabilitation Counselors (VRCs) to submit the following e-transactions:

- Report injured worker has returned to work.
- Report injured worker is non-cooperative.
- Request a good cause extension for plan development.
- Request an APF.

Submitting an E-transaction

1. Log on to CAC at ClaimInfo.LNI.wa.gov.
2. Go to "Send Information to L&I".
3. Select "Send a Voc Notification" from the menu.

The screenshot shows the Washington State Department of Labor and Industries website. The top navigation bar includes 'Home', 'Safety', 'Claims & Insurance', 'Workplace Rights', and 'Trades & Licensing'. The 'Claim & Account Center' is selected, and the user is logged in as 'brett betts'. The main content area displays a list of transactions under the heading 'Send information to L&I'. A red circle highlights the 'Send a Voc Notification' option, which is accompanied by a 'Do it Online!' link. Other visible options include 'Send us a secure message', 'Complete employer report of accident', 'Off work or returning to work?', 'Change worker's address or phone', 'Attending provider - Update medical ability to work', and 'Submit wage information'.

E-Transaction Step-by-Step

4. Enter Claim Number and click on "Get Claim".

Washington State Department of Labor and Industries

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Back Claim & Account Center L&I Secured My profile Logged in as: brett betts Log off Help

Send us a voc notification Need help with this page?

Enter Claim # Claim number Injury date
Worker name
Employer name
Attending doctor
Claim manager

Get Claim

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5. Select the appropriate notification type & click on "Continue."

Send us a voc notification Need help with this page?

Enter Claim # Claim number D454545 Injury date 01-01-2007
Worker name DUDE D DAVIS
Employer name BYRT'S PRODUCTION TEST
Attending doctor
Claim manager JAMES C ROZMARYN 360-902-5188

Get Claim

Type of notification

Injured Worker Returned to Work
 Injured worker non-cooperative
 "Good Cause" extension
 APF Requested

Click to continue > Continue

6. Enter the appropriate information for the transaction type.
For example, the injured worker returned to work e-transaction requires:

- Date Injured Worker returned to work.
- Contact Phone number.
- Comments.

Injured worker returned to work Need help with this page?

Claim number X098112 Injury date 10-05-1998
Worker name JUVENAL DELATORRE
Employer name BAYVIEW LIMOUSINE SERVICE
Attending doctor BERRETH DON E DC
Claim manager BOYD BETTS 360-902-5944

Is the worker you are doing vocational counseling for on this claim returning to work? Or has the worker already returned to work?
If so, enter the information below. Enter this information with a permanent document in the claim file.

Injured worker returned to work * indicates required field

* Worker returned/will return to work on 10-31-2007 (MM-DD-YYYY)

Contact Phone: 123 - 123 - 1234 Ext

Comments: * Comments go here

Cancel Click to submit > Submit Preview

7. Click on "Submit" to complete the transaction (or click "Preview" to see what has been entered prior to submission).

8. After clicking on "Submit" the system will confirm the transaction.

We have received your voc notification [Need help with this page?](#)

Claim number	D454545	Injury date	01-01-2007
Worker name	DUDE D DAVIS		
Employer name	BYRT'S PRODUCTION TEST		
Attending doctor			
Claim manager	JAMES C ROZMARYN 360-902-5188		

You have successfully submitted your information.
Please give the vocational services specialist a chance to review and consider your information. If we need to respond, we will contact you by phone or letter. All messages become permanent documents in the claim file.

Send us a secure message		
Submitted by	Received on	View/print document
brett betts	October 18, 2007 09:22 AM	View official record (in Adobe PDF) 