



Self-Insurance Section
PO Box 44892
Olympia WA 98504-4892

Employer		Worker Name		L&I Claim Number	
VRC Name:		VRC Phone No.:	VRC ID No.:		VRC Provider No.:
Vocational Firm Name:			Voc Firm Branch No.:	Voc Firm No.:	
Injured Worker's Address:			City:	State:	Zip Code:
Employer or Service Representative's Signature:			Phone Number:	Date:	

Instructions

When submitting this form, attach only medical reports and claim documents relevant to the vocational recommendation or outcome. Submit all other medical reports and claim documents in the self-insurer's possession and not previously forwarded to L&I now, but separately (do not attach to this form). For pertinent outcome code below, see [Full List of Outcome Codes](#).

Recommendation or Outcome – Choose one of the following, A-H below	Index
A. <input type="checkbox"/> Assessment Closing Report – Select an option from numbered list (1 through 11) below.	L&I use only
B. <input type="checkbox"/> Plan Development Closing Report – Select an option from numbered list (1 through 11) below.	
C. <input type="checkbox"/> Plan Implementation Closing Report – Select an option from numbered list (1 through 11) below and complete No. 1 on page 2.	
1. <input type="checkbox"/> Worker returned or is released to job of injury without restrictions, in usual work pattern, effective ____/____/____ <input type="checkbox"/> (RTW1) or <input type="checkbox"/> (ATW1 – AWA only) or <input type="checkbox"/> (ATW5 – AWA only) <input type="checkbox"/> (ATW2 – PD/PI only) or <input type="checkbox"/> (ATW6 – PD/PI only)	EAR VCLOS
2. <input type="checkbox"/> Worker returned to regular ongoing work in usual work pattern on ____/____/____ <input type="checkbox"/> RTW2 or <input type="checkbox"/> RTW4 Enter return-to-work priority B-G (RCW 51.32.095(2)): _____	EAR
3. <input type="checkbox"/> Worker turns down valid ongoing job offered by employer (ATW3 – AWA only)	EAR
4. <input type="checkbox"/> Worker can work based on transferable skills (ATW7)	EAR
5. <input type="checkbox"/> Worker is eligible for vocational services (SAS3)	CLSAW
6. <input type="checkbox"/> Not eligible for vocational services due to one of the following (choose one): <input type="checkbox"/> Direct effects of the industrial injury (SNA2) <input type="checkbox"/> Worker's actions – Suspension request submitted (SNA3) <input type="checkbox"/> Unrelated conditions: pre-existing naturally progressed or post injury (SNA3) <input type="checkbox"/> Combined effects (SNA4) <input type="checkbox"/> Worker voluntarily retires (SNA6)	EAR (A) VCLOS (B or C)
7. <input type="checkbox"/> Temporary medical condition precludes vocational services (choose one): <input type="checkbox"/> Related condition (ADM1) or <input type="checkbox"/> Unrelated condition (ADM2)	
8. <input type="checkbox"/> Plan attached for L&I review (PLN1)	CLSPD
9. <input type="checkbox"/> Plan successfully completed: Closing report & documentation attached (ATW8 – PI only)	VCLOS
10. <input type="checkbox"/> Plan not completed due to causes outside the worker's control (PLN7 – PI only)	VCLOS
11. <input type="checkbox"/> Plan not completed, but worker is employable (ATW9 – PI only)	VCLOS
D. <input type="checkbox"/> Valid job offer by employer within 15 days of eligibility determination.	VCLOS
E. <input type="checkbox"/> Plan Development Extension Request attached for L&I review.	EVOC
F. <input type="checkbox"/> Vocational Plan Modification attached for L&I review.	VPLAN
G. <input type="checkbox"/> Worker elected Option 2 benefits: Signed Option 2 election form attached (Complete No. 2 on page 2).	OPTSL
H. <input type="checkbox"/> Structured Settlement agreement BIIA approved.	VCLOS

Complete and submit this page **only** if one of the following applies:

1. You have attached a closing report for Plan Implementation.
2. The worker declines further services and elects Option 2.
3. The worker elected Option 2 and the claim is closed.

Worker Name	L&I Claim Number
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1. If the approved plan has ended

Total cost expended for the plan, excluding transportation and pre-job accommodation costs: \$ _____

Total time expended for the plan:

Plan start date ____/____/____ Last date attended ____/____/____

Total time-loss compensation benefits paid during the plan: \$ _____

Total vocational services costs paid since the worker was found eligible for services: \$ _____

2. If the worker declines further vocational services and elects Option 2 benefits

Total vocational services costs paid since the worker was found eligible for services: \$ _____

3. If the worker elected Option 2 and the claim is closed

Total Option 2 training funds expended since the Option 2 benefit was granted: \$ _____

Total Option 2 training funds remaining available to the worker: \$ _____