



Option 1 Plan Modification Accountability Agreement

Worker's Name: _____ Claim Number: _____
VRC's Name: _____ Provider Number: _____

This document:

- Confirms you understand the changes to your vocational retraining plan.
- Explains your roles and responsibilities.

What you need to do:

- Discuss this information with your VRC.
- Initial each item.
- Call the department if you have questions about this document before you sign and return it.

Option 1 Plan Modification Worker Accountability Agreement

If I select the training plan (Option 1):

- a. I understand that if I fail to comply with this accountability agreement and my modified retraining plan, the benefits under my claim may be suspended or terminated per [RCW 51.32.099](#) or [RCW 51.32.096](#). _____ INITIAL
- b. I have read and understand _____
(training provider) attendance and performance policies. _____ INITIAL
- c. I will fully participate in my modified retraining plan in compliance with the training provider's attendance and performance policies. _____ INITIAL
- d. I will keep all records related to my modified retraining plan including training expenses and all plan related correspondence including (check all that apply):
 Attendance reports Class registration and schedules
 Grade reports Receipts for all expenses, including
 Mileage vouchers tools, equipment, and supplies.
 Other (specify): _____ _____ INITIAL
- e. I will notify my VRC of any absences from my classes or modified retraining plan. _____ INITIAL
- f. I will quickly respond to my VRC and reply to all contact requests within 48 hours. I realize my VRC is required to contact me at least twice a month. _____ INITIAL
- g. I will sign a release of information, allowing _____
(training provider) and my VRC to share information about my training progress. _____ INITIAL
- h. I will work with my instructor and VRC if I need any help. I understand my training progress will be monitored by my instructor and VRC. _____ INITIAL
- i. I will notify my claim manager and VRC right away if I have any concerns about my ability to complete my modified retraining plan, including difficulty with course materials, changes in medical conditions or physical restrictions, and home and family situations. _____ INITIAL

Continue to next page.



Accountability Agreement

Worker's Name: _____ Claim Number: _____

VRC's Name: _____ Provider Number: _____

Worker Accountability Agreement (Continued)

- j. I understand my VRC will be required to contact my training instructor(s) to:
- Obtain records of my attendance and plan participation.
 - Complete regular evaluations on my behalf, including: skills and knowledge gained, degree of participation, actual attendance and degree of achievement in the modified retraining plan. _____ INITIAL
- k. I will participate in all vocational placement activities, which may include preparing employment applications, a resume, and other activities to assist me in obtaining a job. _____ INITIAL
- l. I understand that the department (L&I) or my self-insured employer will continue to provide all benefits I am entitled to receive on my claim while I am participating in my modified retraining plan. _____ INITIAL
- m. I understand that employers may require pre-employment screening. I attest that I can meet the hiring requirements that I have initialed below.
- Initial only those requirements that apply to your retraining goal.*
- _____ Driving history _____ Criminal background check
_____ Drug screening test _____ Other (Specify): _____ INITIAL

I have reviewed and I understand and agree with the changes to my retraining plan. I have discussed the information in this Accountability Agreement with my VRC. I understand that I must perform the described responsibilities.

Worker's Signature

Date