

Insurer
SAW/RTW Assistance Outcome Reporting Form

Request of Depart Date Request of Insurer Date Insurer

Injured Worker's Name and Address

Claim Admin No:

Return to work start date:

No return to work because:

(a) The injured worker refused transitional employment position because:

- wages were less than time of injury position, date:
- disputes existed regarding job requirement and the work abilities documented on the medical status form, date:
- no reason was given
- another reason was given, date: Please Explain.

(b) Employer was unable to offer a transitional employment position because:

- employer only had seasonal work, date:
- employer had no available job tasks that met work abilities as documented on the medical status form, date:
- no reason was given, date:
- another reason was given, date: Please Explain.

(c) Assistance ended for other reasons:

- there was no physician release or approval of jobs, date:
- another reason was given, date: Please Explain.