State of California
Division of Workers' Compensation
Retraining and Return to Work Unit

# SUPPLEMENTAL JOB DISPLACEMENT NON-TRANSFERABLE VOUCHER FORM

For Injuries Occurring on or After January 1, 2013

DWC - AD 10133.32

Injured Employee (To Be Completed By The Employer or Claims Administrator) (All information in this section must be completed)

First Name _____ MI _____

Last Name _____

Address/PO Box (Please leave blank spaces between numbers, names or words) _____

City _____ State _____ Zip Code _____

Claim Number _____ Date of Birth: MM/DD/YYYY _____

Phone _____ Voucher Expiration Date _____ MM/DD/YYYY

Claims Administrator (To Be Completed By The Employer or Claims Administrator) (All information in this section must be completed)

Name (Please leave blank spaces between numbers, names or words) _____

Claims Mailing Address (Please leave blank spaces between numbers, names or words) _____

City _____ State _____ Zip Code _____

Claims Representative _____ Phone _____

Vocational Return to Work Counselor (if any) (To Be Completed By Employee) (All information in this section must be completed)

First Name _____ MI _____

Last Name _____

Address/PO Box (Please leave blank spaces between numbers, names or words) _____

City _____ State _____ Zip Code _____

Phone _____ Funds used for vocational and return to work counseling $ _____
(10% maximum of voucher value)

Training Provider Details ( To Be Completed By Employee - Attach additional pages for each provider ) (All information in this section must be completed) (Institutions must list their names in the first name box)

First Name _____

Last Name _____

Address/PO Box (Please leave blank spaces between numbers, names or words) _____

City _____ State _____ Zip Code _____

Phone _____

Expiration Date _____
MM/DD/YYYY

Provider Approval Number _____

Provider Contact Name _____

Training Cost _____

**The Injured Employee Must Sign and Date this Voucher Form**

**Injured Employee Signature** _____

Date _____
MM/DD/YYYY

State of California, Division of Workers' Compensation, Retraining and Return to Work Unit
Supplemental Job Displacement Benefit Voucher Instructions
For injuries on or after January 1, 2013, DWC - AD 10133.32

This supplemental job displacement voucher expires five years after the date of injury or two years after receipt of this voucher, whichever comes later. This $6,000.00 voucher may be applied to any of the following expenses at the choice of the injured employee:

(1) Payment for education-related retraining or skill enhancement, or both, at a California public school or with a provider that is certified and on the state's Eligible Training Provider List (EPTL), as authorized by the federal Workforce Investment Act (P.L. 105-220), including payment of tuition, fees, books, and other expenses required by the school for retraining or skill enhancement.

(2) Payment for occupational licensing or professional certification fees, related examination fees, and examination preparation course fees.

(3) Payment for the services of licensed placement agencies, vocational or return-to-work counseling, and résumé preparation, all up to a combined limit of 10 percent of the amount of the voucher.

(4) Purchase of tools required by a training or educational program in which the employee is enrolled.

(5) Purchase of computer equipment including, but not limited to monitors, software, networking devices, input devices (such as keyboard and mouse), peripherals (such as printers), and tablet computers of up to one thousand dollars ($1000) reimbursable after cost is incurred and submitted with appropriate documentation. The employee shall not be entitled to reimbursement for purchase of games or any entertainment media.

(6) Up to five hundred dollars ($500) as a miscellaneous expense reimbursement or advance, payable upon request and without need for itemized documentation or accounting. The employee shall not be entitled to any other voucher payment for transportation, travel expenses, telephone or Internet access, clothing or uniforms, or incidental expenses.

If this voucher is used for the payment of education related retraining or skill enhancement, or both at a California public school or with a provider that is certified, the school will be directly reimbursed upon receipt of a documented invoice by the claims examiner.

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 to the employee or direct payments to schools must be made within 45 calendar days upon receipt of voucher, receipts and documentation.

You will not be entitled to payment or reimbursement of any expenses that have not been incurred and submitted with appropriate documentation to the claims administrator prior to the expiration date.

If you decide, however, to voluntarily withdraw from a program, you may not be entitled to a full refund of the voucher. If you choose to use the services of a vocational counselor, no more than 10 percent of the voucher may be used for vocational or return to work counseling.

In order to initiate your training or return to work counseling, present the voucher to the school or the vocational and return to work counselor of your choice, chose from the list on the Division of Workers' Compensation list which you can find at: http://www.dir.ca.gov/dwc/SJDB/VRTWC_list.pdf.

If there is a dispute regarding the Supplemental Job Displacement Benefit, the employee or claims administrator may file Form DWC-AD 10133.55 “Request for Dispute Resolution before the Administrative Director.”

If you have a question or need more information, you can contact your employer or the claims administrator listed below. You can also contact a State Division of Workers' Compensation Information and Assistance Officer. Contact information can be found at http://www.dir.ca.gov/dwc/ianda.html.

Proof of Service by Mail

I declare that:

I am over the age of eighteen and not a party to this action. My business address is:

_____

On _____, I served the attached Supplemental Job Displacement Benefit Non-transferable Voucher Form on

_____,

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

_____

___ by personal service

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on:_____ at _____, California

_____
Signature

_____
Print Name