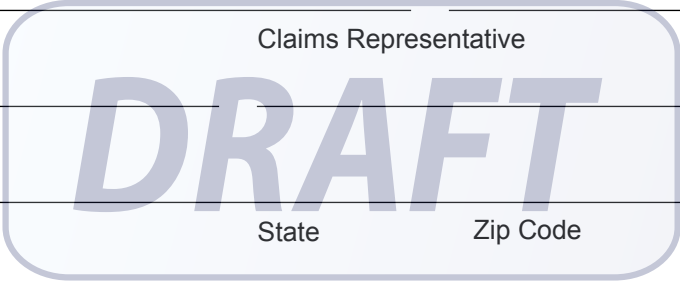


**SUPPLEMENTAL JOB DISPLACEMENT
NON-TRANSFERABLE VOUCHER FORM**
For Injuries Occurring on or After 1/1/13
DWC - AD 10133.32

This is a supplemental job displacement non-transferrable \$6,000 voucher for education-related retraining and/or skill enhancement. It can be used to pay for education, counseling and/or training services. You can take this voucher to a California public school or to a state-certified provider on the Eligible Training Provider List, at <http://etpl.edd.ca.gov> and the school will be directly reimbursed upon receipt of a documented invoice by the claims examiner. You can also present this voucher to a counselor, which can be selected from the list on the Division of Workers' Compensation's ("DWC") website at: http://www.dir.ca.gov/dwc/SJDB/VRTWC_list.pdf.

(First page to be completed by Claims Administrator)

Employee Last Name	Employee First Name	MI
Claims Administrator	Claims Representative	
		
Claims Mailing Address		
City	State	Zip Code
		Claim No.
Claims Phone Number	Claims Email Address (optional)	Date of Injury

This 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 Eligible Training Provider List, 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 \$600.
- (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 \$1,000 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 \$500 as a miscellaneous expense reimbursement or advance, payable upon request (by submitting third page of this packet via email or regular mail) 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.

Date Voucher Expires: _____ This voucher must be used before it expires.

After this voucher expires, it will be unusable. All claims or expenses and reimbursement must be submitted to the claims adjuster before the expiration date at the bottom of the first page.

If you will be using the services of a vocational return-to-work counselor, and/or training provider/school, please complete this page and mail it along with a copy of the first page to the claims administrator.

(Second page to be completed by Employee)

Vocational Return-to-Work Counselor (if any) (To Be Completed By Employee)

Last Name _____ First name _____ MI _____

Address: _____

City: _____ State _____ Zip Code _____

Phone _____
Funds used for counseling (not to exceed \$600): \$ _____

Training Provider or School Details (if any) (To Be Completed By Employee)

Last Name _____ First name _____ MI _____

Address: _____

City: _____ State _____ Zip Code _____

Provider Contact Name _____

Training Cost: \$ _____

If you would like to request an advance and/or reimbursement on miscellaneous expenses (up to \$500), please return page 3 to the claims administrator. If you would like to request reimbursement for computer equipment, tuition, fees, books, and/or tools, please return page 4 to the claims administrator along with documentation.

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 must be made by the claims administrator within 45 calendar days upon receipt of voucher, receipts, and documentation.

If you decide 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 \$600 may be used for vocational or return-to-work counseling.

The Injured Employee Must Sign and Date this Voucher Form

Injured Employee Signature: _____ Date _____
MM/DD/YYYY

If there is a dispute regarding this voucher, 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. You can also contact a DWC Information and Assistance ("I&A") Officer. Contact information for I&A can be found at: <http://w.dir.ca.gov/dwc/ianda.html>.

REQUEST FOR MISCELLANEOUS EXPENSES
SUPPLEMENTAL JOB DISPLACEMENT
NON-TRANSFERABLE VOUCHER FORM
For Injuries Occurring On or After 1/1/13
DWC - AD 10133.32

Employee Last Name	Employee First Name	MI
Claims Administrator	Claims Representative	
Claims Mailing Address		
City	State	Zip Code
		Claim No.
Claims Email Address		Date of Injury

☐ The Injured Employee requests \$500 as a miscellaneous expense reimbursement or advance.

Injured Employee
Signature: _____ Date _____
MM/DD/YYYY

If you would like to request miscellaneous expenses, please complete this form and submit it to the claims adjuster. If an email address was provided, you can submit the Request for Miscellaneous Expenses (this form) via email; otherwise, please mail this form to the claims adjuster. If you are requesting reimbursement for the purchase of computer expenses, tuition, fees, books, and/or tools, please mail a Request for Reimbursement of Expenses (page 4) to the claims adjuster with appropriate documentation. Payments must be made by the claims adjuster within 45 calendar days of receipt of the request. You will not be entitled to any other voucher payment for transportation, travel expenses, expenses, telephone or Internet access, clothing or uniforms or incidental expenses.

REQUEST FOR REIMBURSEMENT OF EXPENSES

SUPPLEMENTAL JOB DISPLACEMENT
NON-TRANSFERABLE VOUCHER FORM
For Injuries Occurring On or After 1/1/13
DWC - AD 10133.32

Employee Last Name	Employee First Name	MI
Claims Administrator	Claims Representative	
Claims Mailing Address		
City	State	Zip Code
Claims Phone Number		Claim No.
		Date of Injury

The Injured Employee requests a total of \$ _____ for reimbursement for expenses.

Injured Employee
Signature: _____ Date _____
MM/DD/YYYY

If you would like to request reimbursement of expenses, please complete this page and mail it to the claims adjuster with documentation substantiating your expenses.

Up to \$1,000 is reimbursable after cost is incurred for purchase(s) 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. You are not entitled to reimbursement for purchase of games or any entertainment media. Payments must be made by the claims adjuster within 45 calendar days of receipt of the request.

Payment of tuition, fees, books, and tools may also be reimbursed. If you have requested \$500 in miscellaneous expenses, you are not entitled to reimbursement for transportation, travel expenses, telephone or Internet access, clothing, uniforms, or incidental expenses.

Proof of Service by Mail
(To Be Completed By the Employer or Claims Administrator)

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

DRAFT

On _____,

I served the attached Supplemental Job Displacement Benefit on:

- ☐ by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail.
- ☐ 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: _____