



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 educated-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.

This voucher may be applied to any of the following expenses at the choice of the injured employee:

- (1) 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) Occupational licensing or professional certification fees, related examination fees, and examination preparation course fees.
- (3) The services of licensed placement agencies, vocational or return-to-work counseling, and résumé preparation, all up to a combined limit of \$600.
- (4) Tools required by a training or educational program in which the employee is enrolled.
- (5) 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 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 is not entitled to any other voucher payment for transportation, travel expenses, telephone or Internet access, clothing or uniforms, or incidental expenses.

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 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" with the Administrative Director, Division of Workers' Compensation, P.O. Box 420603, San Francisco, CA 94142-0603.

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>.

This box is to be completed by Claims Administrator

Employee Last Name	Employee First Name	MI
Claims Administrator	Claims Representative	
Claims Mailing Address		
City	State <input type="text"/>	Zip Code
Claims Phone Number	Claims Email Address (optional)	Claim No.
		Date of Injury

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

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

Last Name	First name	MI
Address:		
City:	State <input type="text"/>	Zip Code
Phone	Funds used for counseling (not to exceed \$600): \$	



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

Provider Name		
Address:		
City:	State <input type="text"/>	Zip Code
Phone	Training Cost: \$	

The Injured Employee Must Sign and Date this Voucher Form

Signature: _____ Date: _____
MM/DD/YYYY

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. **Date Voucher Expires:** _____



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 _____

DRAFT

I request \$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. 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.

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.



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 _____ Claim No. _____

Claims Phone Number _____ Date of Injury _____

DRAFT

I request a total of \$ _____ for reimbursement for expenses. Complete receipts or other documentation must be attached.

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)

On _____,

I served the attached Supplemental Job Displacement Benefit on:

DRAFT

- 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: _____