

EMPLOYEE STATEMENT OF DECLINATION OF VOCATIONAL REHABILITATION SERVICES

INSTRUCTIONS: This form is to be used for injuries occurring on or after 1/1/94, when the employee declines rehabilitation following notification of medical eligibility. It must be signed by the employee and his/her representative, if any, and submitted by the claims administrator to the Rehabilitation Unit along with a properly completed Notice of Termination of Vocational Rehabilitation Services (DWC Form RU-105). If a Rehabilitation Unit case does not exist, it must be accompanied by a Case Initiation Document (DWC Form RU-101).

Employee Name:	Last	First	M.I.	RU Case #:
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NOTICE TO EMPLOYEE

The purpose of this form is to formally record your desire to end your right to rehabilitation benefits. If you decline rehabilitation services, your right to rehabilitation services will end. This means your employer will not be required to provide rehabilitation services to you at a later date, unless otherwise determined pursuant to the Rules and Regulations of the Workers' Compensation Appeals Board in accordance with Labor Code Section 5410.

DESCRIPTION OF VOCATIONAL REHABILITATION SERVICES

If you had a work-related injury or illness which prevents you from doing your former job and your employer cannot take you back, you are entitled to receive rehabilitation services. The amount of services you receive will depend on your needs and abilities.

Vocational rehabilitation services help you to get another job, through job placement or training, whichever is best for you. The rehabilitation costs, including counselor fees and maintenance allowance, are paid by your employer subject to the statutory limits. You have a right to an evaluation to determine the vocational options available to you prior to making this decision. Your right to rehabilitation is separate from your other workers' compensation benefits and cannot under the Labor Code be terminated by a cash payment to you. If you are not ready to participate now in rehabilitation, but might be later, it may be possible to delay your participation in rehabilitation for a period of time.

If you want more information, you may contact an Information and Assistance officer with the Division of Workers' Compensation, at no charge, or you may contact an attorney.

STATEMENT OF DECLINATION

This form must be signed by the injured employee.

The injured employee states:

- I have read this Statement of Decline of Vocational Rehabilitation Services.
- I have received the pamphlet "Help in Returning to Work-94".
- I decline rehabilitation.
- I understand by signing this form I am giving up a service to which I am entitled.

EMPLOYEE'S SIGNATURE: _____ Date: _____

Representative's signature, if any.

The representative states:

- I have reviewed this form with my client and
- I have explained the effects of declining vocational rehabilitation benefits.

EMPLOYEE'S REPRESENTATIVE'S SIGNATURE: _____ Date: _____

REHABILITATION UNIT USE ONLY