

**County of Los Angeles
Return-To-Work
EMPLOYEE PROFILE**

Industrial Accident (I/A)

Non-Industrial Accident (Non-I/A)

Date: _____

PERSONAL INFORMATION

Employee Name		Employee Number	DOB	Retirement Plan
Payroll Title			Physical Class	Hire Date
Home Address				
Home Phone		Other Contact Number		
Work Location		Supervisor	Contact Number	

Other IA/Non-IA Files:

No Yes

Comments:

LEAVE HISTORY

Date of Injury/Illness		Leave Start Date
WC Third Party Administrator	Adjuster Name/Number	Claim Number

CLAIM STATUS

Delayed _____ Denied _____ Accepted _____ Closed _____
Date Date Date Date

Benefits :

TTD Post TD PD STD LTD Other _____ Litigated: Yes No

WORK STATUS

Working No Yes RTW Date: _____
 U&C Mod/Alt Temporary Long Term Leave (6 months or more)

WORK RESTRICTIONS (for actual restrictions, please see Work Hardening Transitional Assignment Agreement or Work Restriction Document)

TEMPORARY _____ PERMANENT _____ P&S/MMI _____
Date Received Date Received Date Received

ACCOMMODATIONS AND AGREEMENTS

Work Hardening Transitional Assignment Agreement (WHTAA)

WHTAA Start _____ End _____ Extended To _____
WHTAA Start _____ End _____ Extended To _____
WHTAA Start _____ End _____ Extended To _____

Conditional Assignment Agreement (CAA)

CAA Start _____ End _____ Extended To _____
CAA Start _____ End _____ Extended To _____
CAA Start _____ End _____ Extended To _____

PRIOR ACCOMMODATIONS / ERGONOMICS:

EMPLOYMENT STATUS

Medical Release Retirement Disability Retirement Return-To-Work Resignation Termination