

# Rehabilitation Action Report

# U. S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs



No monies or benefits can be paid under this program unless this report is completed and filed as requested by law (5 U.S.C. 8111;33 U.S.C. 901 as extended and amended). The information collected will be handled and stored in compliance with the Freedom of Information Act, Privacy Act of 1974 and OMB Cir. No. 180. Disclosure of a Social Security number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled. However, the Social Security number does expedite the efficient processing of your direct reimbursement. **Note:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0182  
Expires: 08/31/05

|   |                                  |                                     |
|---|----------------------------------|-------------------------------------|
| 1. Name of Injured Worker (First, middle initial, last) | 2. OWCP File Number              | 3. Date Wage Loss Began             |
| 4. Date Rehabilitation Case Opened                      | 5. Current Rehabilitation Status | 6. Date Rehabilitation Status Began |

7. Action Item (Documents describing each item are attached or complete information regarding each item is provided under #8)

Job Offered, Description Attached (J).

Change in Medical Status (M).

Job Accepted / RTW (A).

Claimant Obstruction: claimant does not appear at scheduled meetings, fails to carry out agreed upon actions (O).

Job Refused (R).

8. Comments

|                               |                          |          |
|-------------------------------|--------------------------|----------|
| 9. RC's Name ( Please print ) | 10. Certification Number | 11. Date |
|-------------------------------|--------------------------|----------|

12. Attachments

### Public Burden Statement

We estimate that it will take an average of 15 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room C3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

**Copy Distribution:** Blue - OWCP Comp File  
White - Rehabilitation Specialist

• U.S. GPO: 2002/493-367/61103

Form OWCP-44  
Rev. Aug.1999