Ohio | Bureau of Workers' Compensation

Gradual Return to Work Agreement

Instructions
- Please print or type
- Make sure to enter four digits for the year in all date fields.
- Follow the distribution list at the bottom of the form.

Injured worker name	Claim number
Job title	Name of employer

1. The employer will employ the injured worker on a gradually increasing schedule *(see grid below)* in the position listed above. The injured worker will have all the rights, privileges and responsibilities of all other similarly situated employees with the exception of the following: The injured worker will begin gradual-return-to-work on_____.

2. **Employer reimbursement method:** The employer agrees to pay the injured worker for the equivalent of full-time work for the position at the full gross wage of $_____ per hour or $_____ per week. BWC will reimburse the employer according to the grid below.

3. **Injured worker payment method:** The employer agrees to pay the injured worker for actual hours worked at the full gross wage of $_____ per hour or $_____ per week. BWC pays the injured worker for hours not worked, not to exceed the injured worker's regular living maintenance (LM) rate.

4. The employer will not extend work hours unless specifically agreed to by the employer, physician, injured worker and BWC.

5. The employer or BWC may cancel this agreement with 10 days written notice to the other parties or upon the termination of the injured worker's employment.

6. The employer must submit documentation of gross wages (i.e., signed payroll records, as well as actual hours worked) paid to the injured worker for each pay period to BWC for verification before BWC will pay reimbursement.

NOTE: BWC may use this form to reimburse the employer or to make payment to the injured worker. The weekly gradual return to work agreement (GRTW) LM rate must not exceed the injured worker's previous weekly LM rate.

Please indicate which method is being used by checking the appropriate box: ☐ Employer reimbursement ☐ Injured worker receipt of GRTW LM

GRTW schedule

GRTW dates	Total weeks	Hours worked	Hours Not worked	Wages to be paid by employer to injured worker	Reimbursement to be paid by BWC to employer	GRTW LM to be paid by BWC to injured worker
From: To:				$	$	$
From: To:				$	$	$
From: To:				$	$	$
From: To:				$	$	$
From: To:				$	$	$
From: To:				$	$	$

Warning: Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

Authorized employer name			
Address	City	State	Nine-digit ZIP Code
Employer representative signature & title			Date
Injured worker signature			Date
Managed care organization assigned vocational case manager signature			Date

Distribution - BWC claim file, injured worker, injured worker representative, employer, employer representative

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