

Retraining Plan

Print in ink or type
Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse, your claim may be delayed or denied or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

WID number or SSN		Date of injury	
Employee name			
Employer name			
Insurer/self-insurer/TPA			
Insurer claim number		Claim representative	
		Telephone number	

Pre-injury job title		Pre-injury average weekly wage		Current compensation rate	
Occupational goal(s)			Anticipated average weekly wage (from Labor Market Survey)		
Certificate/degree program title		Program length (weeks)	Program start date		Program completion date
School name		City		State	ZIP code

ITEMIZED COSTS:

Tuition/lab/activity fees	
Books/tools	
Special/unique costs*	
Custodial day care	
Travel/parking	
Total retraining costs (excluding wage benefits)	

*Explain (for example, tutoring, board and lodging)

Required attachments: Pursuant to Minnesota Rules 5220.0750, subp. 2(H), the following items **must be attached**.

- a. Course syllabus/class titles
- b. Physical requirements of the job for which the employee is being trained (on-site job analysis is preferred)
- c. Medical information that the training and the occupational goals are within the employee's restrictions
- d. Vocational evaluation test results that support course choice
- e. Recent Labor Market Survey

Retraining rationale (see Minn. Rules 5220.0750, subp. 2(F):

Accepted plan: If all parties are in agreement with (and have signed) this Retraining Plan form, submit it to the department with the required attachments for approval or denial (see Minn. Rules 5220.0750, subp. 5).

Employee signature	Print or type name	Telephone number	Date	
Insurer representative signature	Print or type name	Telephone number	Date	
QRC signature	Print or type name	QRC #	Telephone number	Date
QRC intern supervisor	Print or type name	QRC #	Telephone number	Date

INSTRUCTIONS TO QRC

Note: Retraining is limited to 156 weeks.

Disputed plan: To resolve a disputed Retraining Plan, call the Department of Labor and Industry's Alternative Dispute Resolution unit at (651) 284-5032 and/or file a Rehabilitation Request form (see Minn. Rules 5220.0950). **Do not submit a disputed plan to the department without attaching it to a Rehabilitation Request form, unless a Rehabilitation Request form has been filed or will be filed by another party.**

Intent to commit fraud

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

Rehabilitation form availability

This form is located at www.dli.mn.gov/WC/Wcforms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

For department use only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
DLI representative signature	Print or type name	Telephone number	Date
Reason for denial:			