



## Offsite Alternative Light Duty Work Assignment Referral Information

<b>Referral Date:</b>		<b>Injured Employee Information</b>	
Name:		Date of Injury:	
Address:		Type of Injury (back, ankle, etc):	
City:	State:	Zip:	Claim #:
Occupation:	Age:	State Jurisdiction:	AWW:      Comp Rate:
Languages spoken:		Hourly Rate to be Paid while in ALD:	
<b>Non-profit earliest start date availability:</b>		Date of Restrictions:	By Physician:
Gender: Male	Female	Next Doctors Appointment:	Projected RTW Date:
Specific Restrictions:			

### Employer Information

<b>Employer Name:</b> /		<b>Email Alert Notification for Electronic Timecard to:</b>	
Contact:		Email:	
Address:		Email:	
City:	State:	Zip:	Timecard Supervisor:
Phone:		<b>Claim Adjuster:</b>	Phone:
E-Mail:		E-Mail:	
Hours Worked per Week pre-injury:		Any transportation issues & what are they:	
VCC to send work assignment letter to injured employee: Yes    No		If yes, provide attorney information, if applicable	
Comments:			

**Fax completed form to 312-254-3258 or email to [rtw@varnerclaimsconsulting.com](mailto:rtw@varnerclaimsconsulting.com)**

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