



**RTW STATUS/PROGRESS**  
 CLAIMS DIVISION  
 SFN 58887 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1  
 PO BOX 5585  
 BISMARCK ND 58506-5585  
**Telephone 1-800-777-5033**  
 Toll Free Fax 1-888-786-8695  
 TTY (hearing impaired) 1-800-366-6888  
 Fraud and Safety Hotline 1-800-243-3331  
 www.WorkforceSafety.com

Injured Worker	Claim Number
Employer Name	Person Contacted

Current medical update provided. (To include any changes in medical condition, injured worker's current physical abilities, status of RTW or medical case management.)

Employment status discussed.

Injured worker working transitional duty     modified duty     alternate duty

Employer able to accommodate current abilities?     Yes     No

If yes, at what physical capability?

Injured worker not working due to doctor's orders?     Yes     No

Does employer have physical job descriptions for the pre-injury position and the transitional position?     Yes     No

Other:

Transitional job offer made?     Yes     No     Formal     Informal

Start date:     Full Time     Part Time

Hours per day or week:    Amount per hour \$

**Brief description of job or activities:**

Employer's questions or concerns:

**COMMENTS/NOTES:**

Case Manager's Signature	Date
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