



**STUDENT RESPONSIBILITIES
FORMAL TRAINING
AGREEMENT**
RETURN TO WORK DIVISION
SFN 53874 (09/2019)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – Injured employee/student's information		
Claim number	Injured employee's (First name)	(Last name)
SECTION 2 – Reimbursable school costs		
The rehabilitation award allows payment of tuition, fees, books, and reasonable school supplies.		
The school supply allowance is \$25.00 per quarter or \$30.00 per semester.		
Contact the school coordinator at 800-440-3796, ext. 3890 or 701-328-3890 with questions.		
SECTION 3 – Injured employee/student's responsibilities		
I will contact the school coordinator at least once per month to discuss my grades, attendance, progress, and concerns. I will also inform the school coordinator of any medical problems interfering with school.		
I will maintain regular attendance and report any absences within 48 hours. I may be required to provide a medical excuse from my treating provider if I miss more than a full day of class.		
I will maintain a grade point average (GPA) of at least a 2.0 or the GPA required by the class/school for each semester/quarter.		
I will keep a full schedule of classes or the credit load requirement by the training program. I will contact the school coordinator with any school problems and will attend tutoring or other services needed so I can be successful.		
I will meet with my advisor each semester/quarter to review my progress. I will notify the school coordinator of any problems or changes in my academic plan by providing written documentation from my advisor.		
I will provide copies of my class schedules, midterm grades, and school transcripts to the school coordinator as requested.		
I will contact the school coordinator before dropping any classes and before making any changes to my approved program.		
SECTION 4 – Signature		
By signing this form, I acknowledge I have read, understand, and agree to the terms of this agreement.		
Injured employee/student's signature		Date