



Department of Labor  
 Workers' Compensation Division  
 5 Green Mountain Drive, PO Box 488  
 Montpelier, VT 05601-0488  
 (802) 828-2286

DOL Form 24  
 State File No.: \_\_\_\_\_  
 Ins. Co. File No.: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_

Rev. 5/11

**Agreement for Temporary Partial Disability Compensation**

IT IS AGREED, between \_\_\_\_\_, the employee, whose mailing address is:

\_\_\_\_\_  
*Street, Rural Route, Box Number, City, State, Zip*

AND \_\_\_\_\_ the insurance carrier/employer, that on \_\_\_\_\_, 20\_\_\_\_ the employee  
 suffered an accident while in the employ of \_\_\_\_\_ of the city/town of \_\_\_\_\_  
 state of \_\_\_\_\_ causing the following injury: \_\_\_\_\_  
 and resulting in temporary total disability beginning on \_\_\_\_\_, 20\_\_\_\_

**WEEKLY COMPENSATION RATE**

The employee's average weekly wage for the twelve/twenty-six weeks before the accident was \$ \_\_\_\_\_ and  
 that he/she has weekly earnings of \$ \_\_\_\_\_ and he/she is entitled to temporary partial compensation of  
 \$ \_\_\_\_\_ per week.

**Day of the week the check will be mailed to the claimant or deposited in the claimant's account:** \_\_\_\_\_

*\*\*Maximum and minimum weekly compensation rates are set annually by a self-adjusting formula. New rates are effective July 1 of each year and apply to accidents which occur between that date and July 1 of the following year. New rates are adopted and published annually by the Commissioner of Labor during the month of June.*

**MEDICAL, HOSPITAL AND SURGICAL SERVICES**

That the employee shall receive medical, hospital, surgical and nursing services and supplies in accordance with the provision of 21 V.S.A. § 640. The expense of such services and supplies shall be borne by the insurance carrier/employer.

**TEMPORARY PARTIAL DISABILITY**

Beginning the 8<sup>th</sup> day of temporary partial disability or at the end of temporary total disability, on the \_\_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_ the employee shall receive compensation at said temporary partial rate.

**NOTICE OF POTENTIAL ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS**

If you have a work capacity and are able and available for work, you may be eligible for Unemployment Insurance benefits. To explore your potential eligibility, you must contact the Unemployment Initial claims line at 1-877-214-3330 within 6 months of the date your temporary partial disability benefits ended [21 VSA §1343(d)]. Further information about unemployment benefits may be found on-line at [www.labor.vermont.gov](http://www.labor.vermont.gov) under the "Workers - Unemployed" section. If you are found eligible, you will only be paid for weeks claimed in a timely manner, made with certification of where you have searched for work you're qualified and able to perform.

**APPROVAL AND REVIEW**

This agreement or any settlement there under shall not be binding or operative unless and until this agreement and such settlement is approved by the Commissioner of Labor, and is subject to review by said Commissioner upon their own motion or on motion of either party upon the ground of a change in physical condition of the employee entitled to compensation hereunder.

\_\_\_\_\_  
 Insurance Adjuster Signature Date

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Printed Name Official Title

APPROVED: \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Commissioner of Labor/Designee