

# **Forms**

All of the Department of Labor's forms will be in PDF format. If you do not have a PDF reader, you can download a free one from [Adobe](#).

- [Unemployment Insurance Forms](#)
  - [Claimant Forms](#)
  - [Employer Forms](#)
- [Tramway Forms](#)
- [Wage & Hour Forms](#)
- [Workplace Safety Forms](#)
- [Workers' Compensation Forms](#)
- [Vocational Rehabilitation Forms](#)

## **Wage & Hour Forms**

- [File On-line Wage Claim](#)
- [Wage Claim Form \[PDF\]](#)
- [Wage Complaint Form \[PDF\]](#)
- [Child Labor Certificate \[PDF\]](#)

## **Workplace Safety Forms**

- [Project WorkSAFE Consultation Form](#)
- [OSHA Recordkeeping Forms](#)

## **Tramway Forms**

- [Lift Registration Form \[PDF\]](#)
- [Renewal Application for Tramway Registration \[PDF\]](#)
- [Tramway Incident Report \[PDF\]](#)
- [Wire Rope Inspection Form \[PDF\]](#)
- [Dynamic Test Form \[PDF\]](#)

## **Unemployment Insurance Forms**

### **Claimant Forms:**

- [Disaster Unemployment Assistance \[PDF\]](#)
- [B-1 Return to Work Notification \[PDF\]](#)
- [B-2 Claimant Change of Name and Address \[PDF\]](#)
- [B-11 UI Claimant Handbook \[PDF\]](#)
- [B-12 UI Claimant Appeal Form \[PDF\]](#)
- [B-18 Guide to Filing a weekly claim the internet \[PDF\]](#)
- [B-23 Unemployment Insurance and You \[PDF\]](#)
- [B-37 Promise of Full-Time Employment \[PDF\]](#)
- [B-38 Direct Deposit Form \[PDF\]](#)
- [B-82 Claimant Work Search Report \[PDF\]](#)

- [B-114 One-Stop Center Websites for Claimants who Relocate Out-of-State \[PDF\]](#)
- [B-154 Responsibilities and Rights \[PDF\]](#)
- [BAM-14 Information for Claimants \[PDF\]](#)
- [D-11 Proper reporting of gross wages \[PDF\]](#)
- [D-250 Report of Suspected UC Fraud \[PDF\]](#)

## **Employer Forms:**

### **UI Employer Forms:**

- [Employer Information Manual \[PDF\]](#)
- [Employer Manual Updates \[PDF\]](#)
- [Employee Leasing Companies \[PDF\]](#)
- [A-24 Unemployment Insurance Poster \[PDF\]](#)
- [B-13 UI Employer Appeal Form \[PDF\]](#)
- [B-14 Employer Appeal of Tax Liability \[PDF\]](#)
- [BAM-17 Benefit Accuracy Measurement Information \[PDF\]](#)
- [C-1 Status Report \[PDF\]](#)
- [C-29 Third Party On-Line Reporting Specifications \[PDF\]](#)
- [C-29A Large Employer Quarterly C-101 Wage & Contribution Report On-line Application \[PDF\]](#)
- [C-30 Employer Packet Welcome Letter \[PDF\]](#)
- [C-49 Memo of Understanding \[PDF\]](#)
- [C-36 Notice of Change \[PDF\]](#)
- [C-50 Power of Attorney \[PDF\]](#)
- [C-61 New Hire Reporting Form \[PDF\]](#)
- [C-63 New Hire Reporting Requirements \[PDF\]](#)
- [C-101 Quarterly Contribution Report & Instructions \[PDF\]](#)
- [C-102 Employer's Amended Quarterly Report Form \[PDF\]](#)
- [C-104 VITWS Upload Specifications \[PDF\]](#)
- [C-147 Employer Quarterly Wage Report & Instructions \[PDF\]](#)
- [D-250 Suspected Fraud Report \[PDF\]](#)
- [F-34E Work Available Report \[PDF\]](#)
- [F-35 Refusal of Work Report \[PDF\]](#)
- [Mass Layoff Template spreadsheet \[XLSX\]](#)

### **Employer Health Care Reporting Forms**

- [HC-1 Health Care Contribution Worksheet \[PDF\]](#)
- [HC-2 Declaration of Coverage \[PDF\]](#)
- [HC-3 A Guide to Health Care Reporting \[PDF\]](#)
- [HC-4 Health Care Decision Tree \[PDF\]](#)

### **STC Employer Forms**

- [Explanation of STC Program \(B-3\) \[PDF\]](#)
- [Participant Info \(B-102\) \[PDF\]](#)
- [Application A \(B-148\) \[PDF\]](#)

- [Application B \(B-146\) \[PDF\]](#)
- [Initial Claim Form \(B-65\) \[PDF\]](#)
- [Weekly Claim Form \(B-6\) \[PDF\]](#)
- [Weekly Employer Report \(B-145\) \[PDF\]](#)
- [Process Upon Approval \(B-153\) \[PDF\]](#)

## Employee Leasing Forms

- [EL-1 Employee Leasing Licensure & Company Registration Application \[PDF\]](#)
- [EL-2 Authorizing Individual Affidavit \[PDF\]](#)
- [EL-3 Security Bond Form \[PDF\]](#)
- [EL-4 Memorandum of Understanding Letter of Credit \[PDF\]](#)
- [EL-5 Employee Leasing UI Requirements \[PDF\]](#)
- [EL-6 List of Vermont Clients \[PDF\]](#)
- [EL-7 Employee Leasing "How to Apply" \[PDF\]](#)

## Workers' Compensation Forms

### Workers' Compensation Forms

- [Payment Scheduling Clarification Guidance Document \[PDF\]](#)
- [Form 1 - Employee's Claim & Employer's First Report of Injury - Last Revised 9/11 \[PDF\]](#)  
*NOTE: The injured employee must receive a Form 8 and a completed copy of Form 1 ~ Email First reports to [Labor.WCFirstReport@vermont.gov](mailto:Labor.WCFirstReport@vermont.gov)*
- [First-Aid Only Injuries and Deductible Policies \[PDF\]](#)
- [Form 2 - Denial of Workers' Compensation Benefits - Last Revised 5/2016 \[PDF\]](#)
- [Form 4 - Report of Fatal Accident - Last Revised 9/11 \[PDF\]](#)
- [Form 5 - Employee's Notice of Injury and Claim for Compensation - Last Revised 9/11 \[PDF\]](#)  
*You can also contact Paul Donovan at (802) 828-2994 or [Paul.Donovan@vermont.gov](mailto:Paul.Donovan@vermont.gov) for further information.*
- [Form 6 - Notice and Application for Hearing - Last Revised 9/11 \[PDF\]](#)
- [Form 7 - Medical Authorization - Last Revised 1/17 \[PDF\]](#)
- [Form 8 - Notice of Intent to Change Health Care Provider - Last Revised 9/11 \[PDF\]](#)
- [Form 10 - Certificate of Dependency and Concurrent Employment - Last Revised 9/11 \[PDF\]](#)
- [Form 13 - Report of Benefits and Related Expenses Paid - Last Revised 9/09 \[PDF\]](#)
- [Form 13A - Aggregate Annual Reporting Form - Reporting Period 7/1 through 6/30 - Last Revised 8/16 \[PDF\]](#)
- [Form 16 - Settlement Agreement - Last Revised 7/14 \[PDF\]](#)
- [Form 20 - Work Capabilities Form - Last Revised 12/10 \[PDF\]](#)
- [Form 22 - Agreement for Permanent Partial Disability Compensation - Last Revised 6/10 \[PDF\]](#)
- [Form 23 - Agreement for Compensation in Fatal Cases - Last Revised 6/10 \[PDF\]](#)
- [Form 25 - Wage Statement For injuries ON OR AFTER July 1, 2008- Last Revised 9/13 \[PDF\]](#)
- [Form 25 - Wage Statement For injuries BEFORE July 1, 2008- Last Revised 9/13 \[PDF\]](#)
- [Form 25M - Memorandum of Payment - Last Revised 1/15 \[PDF\]](#)
- [Form 25s - Weekly Net Income Worksheet - Last Revised 9/09 \[PDF\]](#)
- [Form 27 - Notice of Intention to Discontinue Payments - Last Revised 5/16 \[PDF\]](#)
- [Form 28 - Notice of Change in Compensation Rate for Injuries after 7/1/86 - Last Revised 6/13](#)

## Historical Rates

[Fiscal Year 2017 \[PDF\]](#)

[Fiscal Year 2016 \[PDF\]](#)

[Fiscal Year 2015 \[PDF\]](#)

[Fiscal Year 2014 \[PDF\]](#)

[Fiscal Year 2013 \[PDF\]](#)

[Fiscal Year 2012 \[PDF\]](#)

*For prior years please contact the Department at (802) 828-2286 or*

*[Labor.WCComp@vermont.gov](mailto:Labor.WCComp@vermont.gov)*

- [Form 28a - Notice of Change in Compensation Rate for Injuries before 7/1/86 - Last Revised 6/13](#)

## Historical Rates

[Fiscal Year 2017 \[PDF\]](#)

[Fiscal Year 2016 \[PDF\]](#)

[Fiscal Year 2015 \[PDF\]](#)

[Fiscal Year 2014 \[PDF\]](#)

[Fiscal Year 2013 \[PDF\]](#)

[Fiscal Year 2012 \[PDF\]](#)

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*[Labor.WCComp@vermont.gov](mailto:Labor.WCComp@vermont.gov)*

- [Form 29 - Application for Exclusion from the Provisions of the Workers' Compensation Act - Last Revised 2/13 \[PDF\]](#)
- [Form 30 - Application for Self-Insurance - Last Revised 4/16 \[PDF\]](#)
- [Form 31 - Notice to Employees: Employer's Liability and Workers' Compensation - Last Revised 12/05 \[PDF\]](#)
- [Form 32 - Agreement for Temporary Compensation - Last Revised 6/14 \[PDF\]](#)
- [Form VR227 - Vocational Rehabilitation Denial/Discontinuance - Last Revised 9/11 \[PDF\]](#)
- [Bond Form for Self-Insured - Last Revised 6/05 \[PDF\]](#)
- [Assumption and Guarantee Form \[PDF\]](#)
- [Self-Insurer's Report \[PDF\]](#)
- [Workers' Compensation Assessment Forms and Information](#)
- [Report of Employer Conducting Business Without Workers' Compensation Insurance](#)
- [Report of Suspected Workers' Compensation Insurance Fraud](#)
- [Medical Provider Preauthorization Form](#)
- [Workers' Compensation Alternative Dispute Resolution Report \[PDF\]](#)

*This report must be filed within 15 days of completion of the mediation. If you want to submit this form electronically please save it and attach it to an e-mail to Phyllis Phillips at [phyllis.phillips@vermont.gov](mailto:phyllis.phillips@vermont.gov).*

## **Vocational Rehabilitation Forms**

- [Form 25M - Memorandum of Payment \[PDF\]](#)
- [Vocational Rehabilitation Annual Survey \[PDF\]](#)
- [Vocational Rehabilitation Referral Form - Revised 9/2013 \[PDF\]](#)
- [Vocational Rehabilitation Cover Page \[PDF\]](#)
- [Vocational Rehabilitation Discontinuance Report \[PDF\]](#)
- [Vocational Rehabilitation Entitlement Assessment \[PDF\]](#)

- [Vocational Rehabilitation Return to Work Plan \[PDF\]](#)
- [Vocational Rehabilitation Progress Report \[PDF\]](#)
- [Vocational Rehabilitation Disclosure Statement \[PDF\]](#)
- [Notice of Intention to Change Vocational Rehabilitation Provider - Updated 8/2013 \[PDF\]](#)
- [Certified Vocational Rehabilitation Counselors \[PDF\]](#)
- [Vocational Rehabilitation Self-Employment Workbook \[PDF\]](#)
- [Application for Certification as a Vermont Rehabilitation Professional \[PDF\]](#)
- [Download Renewal Application for Certification as a Vermont Rehabilitation Profession \[PDF\]](#)