

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 Business Registration \[PDF\]](#)
- [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-45 Waiver Request Form \[PDF\]](#)
 - [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

- [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 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 2018 \[PDF\]](#)

[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

- Form 28a – Notice of Change in Compensation Rate for Injuries before 7/1/86 – Last Revised 6/13

[Historical Rates](#)

[Fiscal Year 2018 \[PDF\]](#)

[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

- [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.

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 \[PDF\]](#)