VERMONT
www.labor.vermont.gov

Vermont Department of Labor
Workers' Compensation
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286

Form 32 (Rev. 6/23)

State File #: _____
Date of Injury: _____
Ins. Co. File #: _____

AGREEMENT FOR TEMPORARY COMPENSATION

Employee Name _____ Employer Name _____

Employee Address _____ Employer Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Daytime Phone _____ Employer's Phone _____

Body Part Injured/Injuries Accepted: _____

Number of Dependents _____ Pre-Injury/Disability Average Weekly Wage (AWW) _____

Payment of Compensation (Check One): ☐ Initial Period of Disability ☐ Additional Period(s) of Disability

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

☐ A Temporary Total Disability began on _____ (mm/dd/yyyy) at the rate of:

☐ AWW x 0.667 $ _____ (plus $10 per dependent up to 21 years old) Total = $ _____

☐ Minimum/Maximum $ _____ (plus $20 per dependent up to 21 years old) Total = $ _____

☐ 90% of AWW $ _____

☐ B Temporary Partial Disability began on _____ (mm/dd/yyyy) at the rate of:

$ _____ or ☐ Varies

_____ _____ _____
Insurance Adjuster Signature | Print Name | Date

_____
Insurance Carrier

_____ _____ _____ _____
Insurance Carrier Mailing Address | City | State | Zip

_____
Insurance Adjuster Telephone Number including extension

_____ _____ _____
Employee Signature | Print Name | Date

APPROVED: _____ _____
Date | Commissioner of Labor/Designee

NOTICE OF POTENTIAL ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS

If your temporary total disability has been discontinued and 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 total disability benefits ended [21 VSA §1343(d)]. **By signing this agreement the employee is stating that he or she is not working, and that he or she is obligated to report promptly any work, earnings, wages or benefits to the insurance carrier/employer and the department.**