



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 \$20 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.**