

Pre-injury Employer Service

Durable return to work certificate

Supporting document for the Early Durable Outcome payment

Claim and referral details

Worker name		Worker's date of birth	
Claim number		Date of Injury	
Claims agent		Case manager	
Employer			
Date of Referral			
Income support at referral	\$	per week	

Eligibility for early durable outcome payment

Closure Date:	
<input type="checkbox"/> A return to suitable duties at full pre-injury hours has been achieved and sustained for 13 consecutive weeks:	
Start date:	End date:
<input type="checkbox"/> The full outcome was achieved within the specified maximums for the specific payment requested	
<input type="checkbox"/> Worker receives or is due to receive equal to or less than 5% of their maximum income support entitlement throughout the durability period.	

Evidence for early durable outcome payment

<input type="checkbox"/> Worker Payslip	<input type="checkbox"/> Employer Payslip
<input type="checkbox"/> Written confirmation from Worker	<input type="checkbox"/> Written confirmation from Employer
<input type="checkbox"/> Other – <i>Please describe</i>	
<input type="checkbox"/> No Evidence Available – if no evidence can be obtained, please complete the following: <input type="checkbox"/> I certify that all reasonable effort has been made to obtain the supporting evidence without success	

Outcome Requested

<input type="checkbox"/> WR360	<input type="checkbox"/> WR361	<input type="checkbox"/> WR362
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Provider details

Consultant		Company	
Phone		Email	
Address			
Signature			

Date of lodgement

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