Rehabilitation Action Report

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U. S. Department of Labor
Office of Workers' Compensation Programs

The OWCP-44 is used by contractors and is submitted to OWCP to provide vocational rehabilitation services to injured workers. The submission of the OWCP-44 is required to obtain and retain benefits and failure to complete and file this form may prevent payment of vocational rehabilitation maintenance allowances permitted by law (5 USC 8111(b) and 33 USC 908g). The information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Circular No. 180. Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0008
Expires: 09-30-2014

1. Name of Injured Worker (First, middle initial, last) *	2. OWCP File Number *	3. Date Wage Loss Began *
4. Date Rehabilitation Case Opened *	**5. Current Rehabilitation Status ***	**6. Date Rehabilitation Status Began ***

7. Action Item (Documents describing each item are attached or complete information regarding each item is provided under #8)

- ☐ Job Offered, Description Attached (J).
- ☐ Change in Medical Status (M).
- ☐ Job Accepted / RTW (A).
- ☐ Claimant Obstruction: claimant does not appear at scheduled meetings, fails to carry out agreed upon actions (O).
- ☐ Job Refused (R).

8. Comments

9. Rehabilitation Counselor's Name *	10. OWCP Certification Number *	11. Date *

12. List any attachments to this form

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room C3525, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

Copy Distribution: **Blue - OWCP Comp File**
White - Rehabilitation Specialist

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