



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

Form 32 (Rev. 9/11)

State File #: \_\_\_\_\_  
Ins. Co. File #: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_

**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:  
 2/3 of AWW \$ \_\_\_\_\_ (plus \$10 per dependent up to 21 years old) Total = \$ \_\_\_\_\_  
 Minimum/Maximum \$ \_\_\_\_\_ (plus \$10 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 TTD 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 partial disability benefits ended [21 VSA §1343(d)]. Further information about unemployment benefits may be found on-line at [www.labor.vermont.gov](http://www.labor.vermont.gov) under the "Workers - Unemployed" section. If you are found eligible, you will only be paid for weeks claimed in a timely manner, made with certification of where you have searched for work you're qualified and able to perform.