

## **How to file a Petition Appealing Denial of Return-to-Work Supplement Decision**

If you do not agree with the decision made by the director over your return-to-work supplement benefit, you must file an appeal.

The petition shall be based upon one or more of the grounds as prescribed for petitions for reconsideration in California Labor Code Section 5903.

Your local district office of the Workers' Compensation Appeals Board (WCAB) must receive your petition within 20 days from the date the director's decision was issued. The date of the decision can be found in the upper left-hand corner of the determination letter.

Your petition must include your full name, ADJ case number, RTWSP application number, and a brief statement of the facts supporting your petition. Please note that all forms must be typed or handwritten in block letters to insure legibility. Fill out the form completely and be sure to sign and date it.

**Send the original petition to your local WCAB office and a copy to:**

**Return-to-Work Supplemental Program (RTWSP)  
Department of Industrial Relations  
Attn: Appeals  
1515 Clay Street, 17<sup>th</sup> Floor  
Oakland, CA 94612-1499**

Submit the following documents with your form filing in the order shown:

- ✓ [Document Cover Sheet](#)
- ✓ [Document Separator Sheet](#) (*for Appeal of Director's Return to Work Supplement Decision*)
- ✓ [Petition Appeal of Director's Return To Work Supplement Decision](#)
- ✓ [Verification](#)
- ✓ [Document Separator Sheet](#) (*Correspondence – other*)
- ✓ [Notice of Benefit Ineligibility Letter](#) (*Copy of the Letter*)
- ✓ [Document Separator Sheet](#) (*for Proof of Service by Mail*)
- ✓ [Proof of Service by Mail](#)

Keep copies of your filings for your records.

## Information & Assistance Unit guide 23

Once the petition is received, the Director's Office may file an answer to your petition within 20 days of the date of service of the petition.

If you have an ADJ case number starting with a zero "0" (i.e. ADJ012345678), it means you were issued a temporary ADJ number. In order to receive a valid ADJ case number, you will need to submit an "Application for Adjudication of Claim". To do this, please see I&A guide 4: <https://www.dir.ca.gov/dwc/iwguides/IWGuides04.pdf>. All other ADJ case numbers are valid.

In order to have your petition addressed by a judge, you must also complete and file a "Declaration of Readiness to Proceed" (DOR). For instructions on how to complete and file a DOR, please see I&A guide 5: <https://www.dir.ca.gov/dwc/iwguides/IWGuide05.pdf>. **Please file the DOR 30 days after the service date of the petition.**

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. Additional form instructions can be found on the EAMS OCR handbook at [http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dwc.ca.gov](http://www.dwc.ca.gov).

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

## WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

- **ANAHEIM, 92806-2131**  
1065 North Link, Suite 170  
Information & Assistance Unit **(714) 414-1801**
- **BAKERSFIELD, 93301-1929**  
1800 30th Street, Suite 100  
Information & Assistance Unit **(661) 395-2514**
- **FRESNO, 93721-2219**  
2550 Mariposa Street, Suite 4078  
Information & Assistance Unit **(559) 445-5355**
- **LODI, 95240-6936**  
3021 Reynolds Ranch Parkway, Suite 130  
Information & Assistance Unit **(209) 948-7759**
- **LONG BEACH, 90810-1870**  
1500 Hughes Way, Suite C203  
Information & Assistance Unit **(424) 450-2565**
- **LOS ANGELES, 90013-1105**  
320 W 4th Street, 9th Floor  
Information & Assistance Unit **(213) 576-7389**
- **MARINA DEL REY, 90292-6902**  
4720 Lincoln Boulevard, 2nd and 3rd Floors  
Information & Assistance Unit **(310) 482-3820**
- **OAKLAND, 94612-1499**  
1515 Clay Street, 6th Floor  
Information & Assistance Unit **(510) 622-2861**
- **OXNARD, 93030-7912**  
1901 N Rice Avenue, Suite 100  
Information & Assistance Unit **(805) 485-3528**
- **POMONA, 91768-1653**  
732 Corporate Center Drive  
Information & Assistance Unit **(909) 623-8568**
- **REDDING, 96002-0940**  
250 Hemsted Drive, 2nd Floor, Suite B  
Information & Assistance Unit **(530) 225-2047**
- **RIVERSIDE, 92501-3337**  
3737 Main Street, Suite 300  
Information & Assistance Unit **(951) 782-4347**
- **SACRAMENTO, 95834-2962**  
160 Promenade Circle, Suite 300  
Information & Assistance Unit **(916) 928-3158**
- **SALINAS, 93906-2204**  
1880 N Main Street, Suites 100 & 200  
Information & Assistance Unit **(831) 443-3058**
- **SAN BERNARDINO, 92401-1411**  
464 W Fourth Street, Suite 239  
Information & Assistance Unit **(909) 383-4522**
- **SAN DIEGO, 92108-4424**  
7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit **(619) 767-2082**
- **SAN FRANCISCO, 94102-7014**  
455 Golden Gate Avenue, 2nd Floor  
Information & Assistance Unit **(415) 703-5020**
- **SAN JOSE, 95110-3718**  
224 Airport Parkway, Suite 600  
Information & Assistance Unit **(408) 277-1292**
- **SAN LUIS OBISPO, 93401-8736**  
4740 Allene Way, Suite 100  
Information & Assistance Unit **(805) 596-4159**
- **SANTA ANA, 92707-7704**  
2 MacArthur Place, Suite 600  
Information & Assistance Unit **(714) 942-7576**
- **SANTA BARBARA, 93101-7538**  
130 E Ortega Street  
Information & Assistance Unit **(805) 568-1390**
- **SANTA ROSA, 95404-4771**  
50 "D" Street, Suite 420  
Information & Assistance Unit **(707) 576-2452**
- **VAN NUYS, 91401-3370**  
6150 Van Nuys Boulevard, Suite 105  
Information & Assistance Unit **(818) 901-5374**



Specific Injury

Case Number 3

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 4

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 5

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 6

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 7

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 8

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 9

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 10

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:



Specific Injury

Case Number 11

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:



Specific Injury

Case Number 12

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 13

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

Specific Injury

Case Number 14

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:





Specific Injury

Case Number 15

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:



Specific Injury

Case Number 16

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

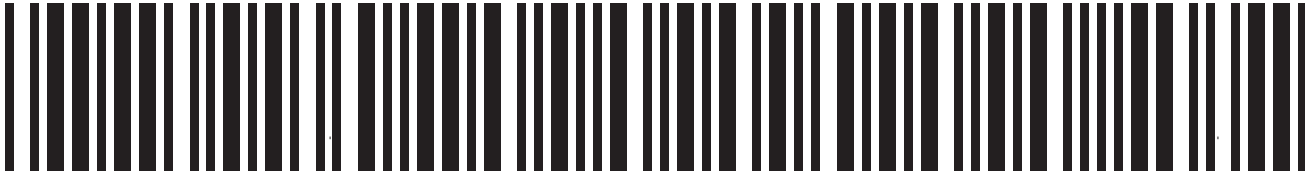




STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

**SAMPLE**

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

**TODAY'S DATE**

Date:(MM/DD/YYYY)

SSN:

**YOUR SOCIAL  
SECURITY NUMBER**

**EAMS CASE NUMBER**

Case Number 1

☐ Specific Injury

**DATE OF INJURY**

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

**IF NEW CASE  
LEAVE BLANK**

Body Part 1:

**USE CODE FROM  
BODY PART CODE LIST --  
SEE PAGE 8**

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

**WHEN MORE THAN 5 BODY PARTS USE BODY  
PART NUMBER 700 IN THIS FIELD**

**Please check unit to be filed on ( check only one box )**

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ SAU ☐ INT ☐ RSU

**Companion Cases**

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:



## District office codes for place of venue

| Legend Abbreviation | Office          |
|---------------------|-----------------|
| AHM                 | Anaheim         |
| ANA                 | Santa Ana       |
| BAK                 | Bakersfield     |
| FRE                 | Fresno          |
| LAO                 | Los Angeles     |
| LBO                 | Long Beach      |
| LOD                 | Lodi            |
| MDR                 | Marina del Rey  |
| OAK                 | Oakland         |
| OXN                 | Oxnard          |
| POM                 | Pomona          |
| RDG                 | Redding         |
| RIV                 | Riverside       |
| SAC                 | Sacramento      |
| SAL                 | Salinas         |
| SBA                 | Santa Barbara   |
| SBR                 | San Bernardino  |
| SDO                 | San Diego       |
| SFO                 | San Francisco   |
| SJO                 | San Jose        |
| SLO                 | San Luis Obispo |
| SRO                 | Santa Rosa      |
| VNO                 | Van Nuys        |

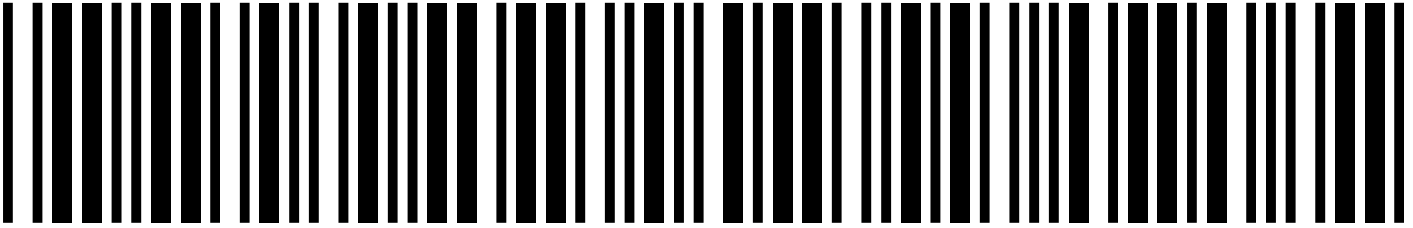
**Use this document to complete forms,  
but do not file this document with your forms.**

## BODY PART CODES LIST

| Code Number | Description   |
|-------------|---|
| 100         | Head - not specified  |
| 110         | Brain   |
| 120         | Ear - not specified   |
| 121         | Ear - external  |
| 124         | Ear - internal including hearing                                      |
| 130         | Eye - including optic nerves and vision                               |
| 140         | Face - not specified  |
| 141         | Jaw - including chin and mandible                                     |
| 144         | Mouth - including lips, tongue, throat and taste                      |
| 145         | Teeth   |
| 146         | Nose - including nasal passages, sinus and smell                      |
| 148         | Face - multiple parts any combination of above parts                  |
| 149         | Face - forehead, cheeks, eyelids                                      |
| 150         | Scalp   |
| 160         | Skull   |
| 198         | Head - multiple injury any combination of above parts                 |
| 200         | Neck  |
| 300         | Upper extremities - not specified                                     |
| 310         | Arm - above wrist not specified                                       |
| 311         | Arm - upper arm humerus   |
| 313         | Arm - elbow head of radius  |
| 315         | Arm - forearm radius and ulna   |
| 318         | Arm - multiple parts any combination of above parts                   |
| 319         | Arm - not specified   |
| 320         | Wrist   |
| 330         | Hand - not wrist or fingers   |
| 340         | Fingers   |
| 398         | Upper extremities - multiple parts any combination of above parts     |
| 400         | Trunk - not specified   |
| 410         | Abdomen - including internal organs and groin                         |
| 411         | Hernia  |
| 420         | Back - including back muscles, spine and spinal cord                  |
| 430         | Chest - including ribs, breast bone and internal organs of the chest  |
| 440         | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks |
| 450         | Shoulders - scapula and clavicle                                      |
| 498         | Trunk - use for side; multiple parts any combination of above parts   |

| Code Number | Description   |
|-------------|---|
| 500         | Lower extremities - not specified   |
| 510         | Legs - above ankles, not specified  |
| 511         | Thigh femur   |
| 513         | Knee Patella  |
| 515         | Lower leg tibia and fibula  |
| 518         | Leg - multiple parts any combination of above parts   |
| 519         | Leg - not specified   |
| 520         | Ankle malleolus   |
| 530         | Foot not ankle or toe   |
| 540         | Toes  |
| 598         | Lower extremities - multiple parts any combination of above parts                             |
| 700         | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 800         | Body system - not specific  |
| 801         | Circulatory system - heart - other than heart attack, blood, arteries, veins, etc.            |
| 802         | Circulatory system - Heart attack   |
| 810         | Digestive system - stomach  |
| 820         | Excretory system - kidneys, bladder, intestines, etc.   |
| 830         | Musculo-skeletal system - bones, joints, tendons, muscles, etc.                               |
| 840         | Nervous system - not specified  |
| 841         | Nervous system - Stress   |
| 842         | Nervous system - Psychiatric/psych  |
| 850         | Respiratory system - lungs, trachea, etc.   |
| 860         | Skin dermatitis, etc.   |
| 870         | Reproductive systems  |
| 880         | Other body systems  |
| 900         | COVID-19  |
| 999         | Unclassified - insufficient information to identify body parts                                |

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

\_\_\_\_\_

Document Type

\_\_\_\_\_

Document Title

\_\_\_\_\_

Document Date

\_\_\_\_\_

MM/DD/YYYY

Author

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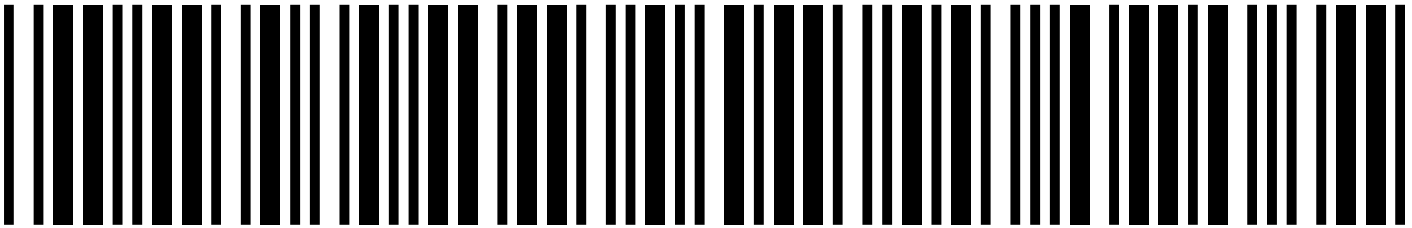
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# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

APPEAL OF DIRECTOR'S RETURN TO WORK SUPPLEMENT DECISION

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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## Office Use Only

Received Date

MM/DD/YYYY

NAME:  
STREET:  
CITY, STATE, ZIP CODE:  
TELEPHONE #:

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

|     |             |
|-----|-------------|
|     | Applicant,  |
| vs. |             |
|     | Defendants. |

ADJ #:

RTWSP Application #:

PETITION APPEALING  
DENIAL OF  
RETURN-TO-WORK  
SUPPLEMENT

A decision was filed in the above-entitled case on \_\_\_\_\_.

The \_\_\_\_\_ is aggrieved by said decision and hereby petitions for reconsiderations upon the following grounds (strike out items not applicable):

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him with he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date



***SAMPLE***

NAME:

**Your Name**

STREET:

**Your Address**

CITY, STATE, ZIP CODE:

TELEPHONE #:

**Your Telephone Number**

**STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD**

**Your Name**

Applicant,

vs.

**Your Employer and  
Insurance Company**

Defendants.

ADJ #:

**EAMS case number**

RTWSP Application #:

**See Notice of Benefit Ineligibility  
letter from RTWSP Unit**

PETITION APPEALING  
DENIAL OF  
RETURN-TO-WORK  
SUPPLEMENT

A decision was filed in the above-entitled case on

**Date the RTWSP Unit decision was issued**

The **Your Name** is aggrieved by said decision and hereby petitions for reconsiderations upon the following grounds (strike out items not applicable):

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him with he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

***Explain in your own words why you feel you are entitled to these benefits.***

**Your Signature**

\_\_\_\_\_  
Your Signature

**Today's Date**

\_\_\_\_\_  
Date

# VERIFICATION

**STATE OF CALIFORNIA**

County of \_\_\_\_\_

I, the undersigned, say that I am \_\_\_\_\_, a party to this action. I have read the foregoing **Petition Appealing Denial of Return-to Work Supplement** and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Petitioner

## VERIFICATION

### STATE OF CALIFORNIA

County of your county

I, the undersigned, say that I am your name, a party to this action. I have read the foregoing **Petition Appealing Denial of Return-to Work Supplement** and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

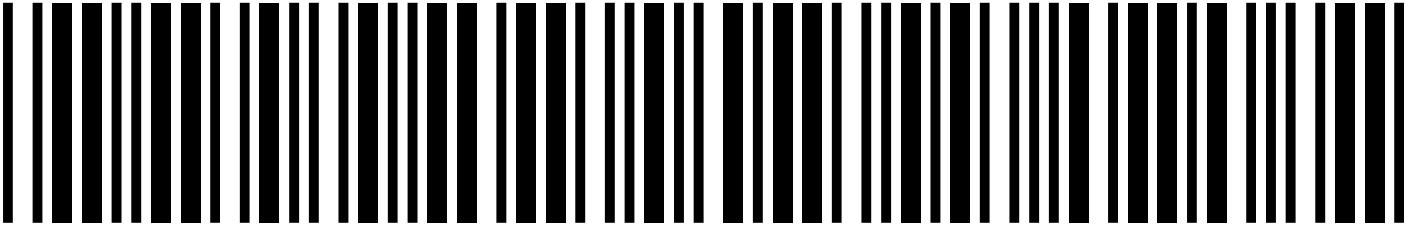
I declare under penalty of perjury that the foregoing is true and correct.

Executed on date mailed, at your city, California.

your signature

Petitioner

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

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Document Title

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Document Date

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MM/DD/YYYY

Author

\_\_\_\_\_

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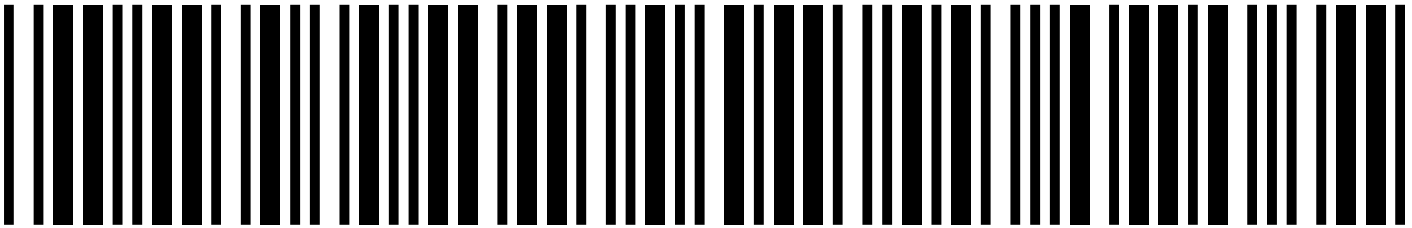
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MM/DD/YYYY

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

MISC

Document Title

CORRESPONDENCE - OTHER

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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## Office Use Only

Received Date

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DEPARTMENT OF INDUSTRIAL RELATIONS

Office of the Director

Return-to-Work Supplement Program

Mailing Address:

RTW Supplement Program

1515 Clay Street, 17th Floor

Oakland, CA 94612

510-286-0787



November 21, 2017

APPLICANT'S FN & LN

APPLICANT'S STREET ADDRESS

CITY, STATE, ZIP CODE

**NOTICE OF BENEFIT INELIGIBILITY**

RE: RTWSP Application No.: RTW10XXXXX

RTWSP Application DOI: 08/04/2014

Dear APPLICANT'S FN & LN

Thank you for your interest in the Return-to-Work Supplement program. Your application was carefully reviewed and was determined ineligible for the Return-to-Work Supplement.

A \$5000.00 RTWSP check was previously issued to you. Per § 17302(b) of the California Code of Regulations, an individual who has received a Return-to-Work Supplement may not receive a second or subsequent Return-to-Work Supplement, except where the individual receives a Voucher for an injury which occurs subsequent to receipt of every previous Return-to-Work Supplement.

If you disagree with this notice of ineligibility, you may file an appeal at the DWC district office within 20 days of receipt of this ineligibility determination. The appeal must include your full name, ADJ number of the case in which the SJDB voucher was provided, and a clear and concise statement of the facts constituting the basis for your appeal.

A copy of the appeal must be served on the Return-to-Work Supplement Program as follows:

Return-to-Work Supplement Program  
Department of Industrial Relations

ATTN: Appeals

1515 Clay St, 17<sup>th</sup> floor

Oakland, CA 94612

Please contact 510-286-0787 or [RTWSP@dir.ca.gov](mailto:RTWSP@dir.ca.gov) if you have any questions regarding this matter.

Very truly yours,

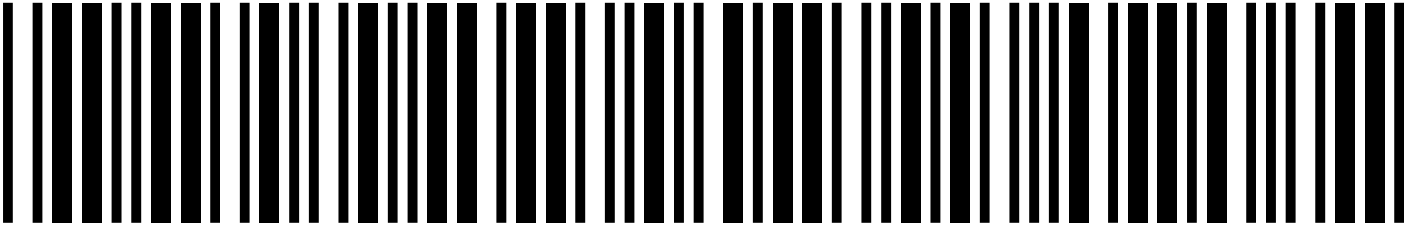
RTW Reviewer

Return-to-Work Supplement Program

(510) 286-0787

Email: [RTWSP@dir.ca.gov](mailto:RTWSP@dir.ca.gov)

# DOCUMENT SEPARATOR SHEET



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MM/DD/YYYY

Author

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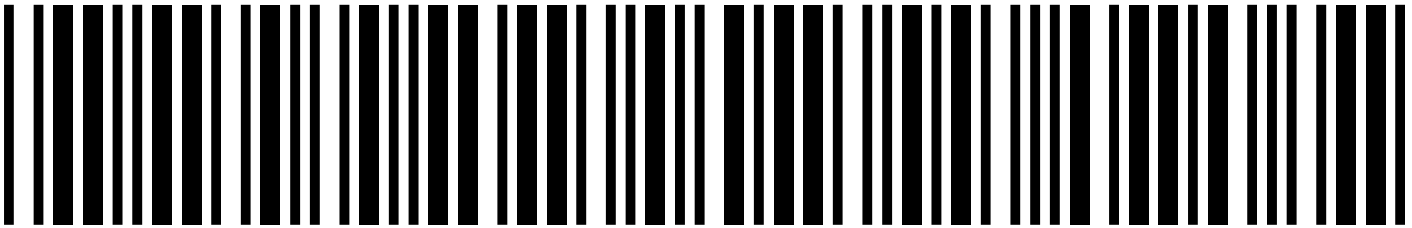
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# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

PROOF OF SERVICE

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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## Office Use Only

Received Date

MM/DD/YYYY



## Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of \_\_\_\_\_, California.

I am over the age of eighteen years, my (business / residence) address is:

On \_\_\_\_\_, I served the attached \_\_\_\_\_  
on the parties listed below in said case, by placing a true copy thereof enclosed in  
a sealed envelope with postage thereon fully paid, in the United State mail at  
\_\_\_\_\_ addressed as follows:

I declare under penalty of perjury under the laws of the State of California that the  
foregoing is true and correct, and that this declaration was executed on

(date) \_\_\_\_\_, at \_\_\_\_\_, California.

Type or print name \_\_\_\_\_

Signature \_\_\_\_\_

***SAMPLE***

Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of YOUR COUNTY, California.

I am over the age of eighteen years, my (business / residence) address is:

PUT YOUR HOME ADDRESS HERE

On TODAY'S DATE, I served the attached APPEAL OF DIRECTOR'S  
RTW SUPPLEMENT DECISION

on the parties listed RTWSP UNIT case, by placing a true copy thereof enclosed in  
a sealed envelope with postage thereon fully paid, in the United State mail at

\_\_\_\_\_ addressed as follows: CITY WHERE YOU MAILED THIS

- 1) RETURN-TO-WORK SUPPLEMENT PROGRAM (RTWSP)  
DEPARTMENT OF INDUSTRIAL RELATIONS  
ATTN: APPEALS  
1515 CLAY ST., 17TH FLOOR  
OAKLAND, CA 94612-1499
- 2) WORKERS' COMPENSATION APPEALS BOARD: ADDRESS

I declare under penalty of perjury under the laws of the State of California that the  
foregoing is true and correct, and that this declaration was executed on

(date) TODAY'S DATE, at CITY, California.

Type or print name PRINT YOUR NAME

Signature SIGN YOUR NAME