Claim For Reimbursement
Assisted Reemployment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Instructions: Complete items 1 through 16 and send to the Division of Rehabilitation. If item 5 does not apply to you leave it blank. No further monies may be paid out under this program unless this report is completed and filed, as required by terms of the Cooperative Agreement entered into by you and OWCP. (P.L. 106.554)

OMB No. 1215-0178
Expires: 06-30-2010

1. Employer's Name

2. Phone Number

3. Employer's Complete Mailing Address:

4. Employer's Tax I.D. No.

Street or Post Office Box Number

5. Employer (Federal) Appropriations Code

City   State   ZIP Code

6. Claimant's Name

Last   First   M.I

7. OWCP File Number

8. Social Security Number

9. Date Employment Began

Month   Day   Year

10. Reporting Quarter

11. Dates and Hours Worked	12. Pay Rate Per Hour	13. Total Amount Earned	14. Amount of Reimbursement Claimed

I certify that the information provided on this form is true and correct to the best of my knowledge.

15. Supervisor's Signature

16. Date

For OWCP Use Only Below This Space:

Percentage Allowed: _____ %

Total Amount This Payment $ _____

Authorized by: _____   **Date:** _____

Public Burden Statement

We estimate that it will take an average of 30 minutes per response to complete this information collection, including the 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 this burden estimate or any other aspect of the survey, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED SURVEY TO THE ABOVE OFFICE**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Form CA-2231
June 2004