



Texas Department of Insurance

Division of Workers' Compensation

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MEMORANDUM

DATE: September 22, 2009

TO: Workers' Compensation System Participants

FROM: Matt Zurek, Executive Deputy Commissioner Health Care Management & System Monitoring

RE: DWC Form-074, *Description of Injured Employee's Employment*

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) has created the DWC Form-074, *Description of Injured Employee's Employment*. Employers may use this form to provide a description of an injured employee's job functions and physical responsibilities in response to a request from a treating doctor.

Use of the DWC Form-074 can facilitate an injured employee's return to work as soon as it is considered safe and appropriate. TDI-DWC encourages employers to use this form. Information provided to the treating doctor on DWC Form-074 does not constitute a request by an employer that the injured employee return to work; an offer by the employer for the injured employee to return to work; or an admission of the compensability of the injury or illness of the employee.

The form is available for download from the TDI website at <http://www.tdi.state.tx.us/forms/form20.html>. For additional information regarding the DWC Form-074, contact Pat Crawford, TDI-DWC Return-To-Work Coordinator, at 512-804-4683 or Pat.Crawford@tdi.state.tx.us.