United States Department of Agriculture Marketing and Regulatory Programs	WC Long – Term Management
Claim Number:	OWCP District Office:
Claimant Name:	

Date Correspondence Sent:	Reason:
Date Response Received:	Response / Action:
Date Correspondence Sent:	Reason:
Date Correspondence Received:	Response / Action:
Date of Investigation:	Reason:
Date Report Received:	Reason / Action:

OWCP Action	Date	Outcome
IME		
2nd Opinion		
Referral		
Voc. Rehab		

Reemployment		Date	Cost Savings
Return to Work	☐ Part - Time		
	☐ Light Duty		
	☐ Full - Time		
Schedule Award			■
Elected OPM Disability			
Benefits Terminated			

Updated By:	Date:
Updated By:	Date:
Updated By:	Date:
Updated By:	Date:

MRP Form 26
MAR 2009