

INTRODUCTION TO ON-THE-JOB TRAINING

CONNECTICUT'S EMPLOYERS TODAY ARE FACED WITH THE VERY REAL PROBLEM OF FINDING QUALIFIED WORKERS TO FILL LABOR MARKET NEEDS.

WE CAN HELP YOU!

OUR ON-THE-JOB TRAINING (OJT) PROGRAM HAS BEEN SPECIFICALLY DESIGNED TO OFFER AN INCENTIVE FOR YOUR COMPANY TO PERSONALLY TRAIN AN EMPLOYEE WHO WILL BECOME A VALUABLE ASSET TO YOU.

ON-THE JOB TRAINING IS AIMED AT PROVIDING QUALITY, CAREFULLY SCREENED TRAINEES TO MEET YOUR COMPANY'S NEEDS. ALL OF OUR CLIENTS PARTICIPATE IN COUNSELING AND JOB-SEEKING SKILLS TO ARRIVE AT A VOCATIONAL GOAL CONSISTENT WITH THEIR SKILLS, INTERESTS, APTITUDES AND PHYSICAL ABILITIES. OUR CLIENT'S INTEREST IN YOUR COMPANY IS A RESULT OF THIS PROCESS.

WE HAVE BEEN IN THE BUSINESS OF PROVIDING WORKERS TO EMPLOYERS ACROSS THE STATE FOR MORE THAN 25 YEARS. WE HAVE WORKED WITH HUNDREDS OF EMPLOYERS IN EVERY FACET OF THE JOB MARKET.

PLEASE TAKE A FEW MINTUES TO REVIEW THE ENCLOSED INFORMATION WHICH EXPLAINS THE ADVANTAGES OF ON-THE-JOB TRAINING, THE MOST FREQUENTLY ASKED QUESTIONS CONCERNING OJT'S AND THE REQUIRED PAPERWORK TO IMPLEMENT THIS PROGRAM.

A REHABILITATION COORDINATOR IS ALWAYS AVAILABLE TO ANSWER ANY ADDITIONAL QUESTIONS YOU MAY HAVE.



- **OUR TRAINING FEE PAYMENT ALLOWS YOU TO SAVE MONEY ON THE EMPLOYEE'S WAGES DURING THE PERIOD OF TRAINING. OUR PROGRAM ALLOWS A GENEROUS TRAINING FEE TO PROVIDE THE INCENTIVE FOR THE EMPLOYER TO PARTICIPATE IN THIS PROGRAM.**
- **YOU HAVE THE OPPORTUNITY TO TRAIN AN EMPLOYEE TO PERFORM THE DUTIES OF THE JOB THE WAY YOUR COMPANY NEEDS TO HAVE THE WORK DONE.**
- **ALL CLIENTS COME TO YOU WITH KNOWN HISTORIES AND AN IN-DEPTH ASSESSMENT OF THEIR SKILLS, APTITUDES AND PHYSICAL ABILITIES.**
- **OUR TRAINING PROGRAM CAN HELP REDUCE THE HIGH COSTS ASSOCIATED WITH ADVERTISING, RECRUITING AND INTERVIEWING INDIVIDUALS FOR YOUR JOB OPENINGS.**
- **YOUR REHABILITATION COORDINATOR IS AVAILABLE TO INTERVENE AT ANY POINT IN THE TRAINING TO SUPPORT YOU AND ADDRESS ANY ISSUES THAT MAY ARISE. YOUR COORDINATOR WILL MONITOR ATTENDANCE AND LEARNING ON AN ON-GOING BASIS.**
- **ANY PARTY MAY TERMINATE THE OJT TRAINING AGREEMENT, IF NECESSARY, AT ANY TIME.**

COMMONLY ASKED QUESTIONS REGARDING OJT'S

1. HOW IS THE TRAINING FEE ARRIVED AT?

WE WILL NEGOTIATE WITH YOU TO ARRIVE AT A FAIR TRAINING FEE. INITIALLY, THE FEE IS BASED ON WHAT YOU WOULD PAY AN ENTRY LEVEL EMPLOYEE IN THAT SAME POSITION.

2. HOW LONG CAN THE OJT LAST?

THE LENGTH OF TRAINING VARIES ACCORDING TO THE SKILL LEVEL REQUIRED FOR THE JOB.

3. HOW LONG WILL IT BE BEFORE I GET PAID?

USUALLY 3 WEEKS FROM THE DATE YOU SEND IN YOUR MONTHLY INVOICE.

4. WHAT IF IT DOESN'T WORK OUT-DO I HAVE TO PAY YOU BACK?

NO, THE CONTRACT IS NEGOTIATED ON GOOD FAITH & INEVITABLY EVENTS MAY OCCUR WHICH NEITHER PARTY ANTICIPATES. THE TRAINING AGREEMENT MAY BE TERMINATED AT ANY POINT PRIOR TO CONCLUSION WITHOUT MONETARY REPERCUSSIONS.

5. WILL YOU BE DROPPING IN TO CHECK ON THE EMPLOYEE?

THE COORDINATOR WILL NOT "DROP IN" BUT MAY CALL TO MAKE ARRANGEMENTS FOR A BRIEF MEETING. GENERALLY, IF THE TRAINING IS MOVING SMOOTHLY, YOU ONLY NEED TO COMPLETE THE PROGRESS REPORT ON A MONTHLY BASIS AND SEND IT WITH YOUR BILLING INVOICE. IF THERE ARE PROBLEMS, YOU MAY CALL AND REQUEST THE COORDINATOR COME IN FOR A MEETING.

6. WHAT ARE MY RESPONSIBILITIES AS AN EMPLOYER?

YOU MUST PROVIDE US WITH A DETAILED JOB DESCRIPTION OF WHAT IS TO BE LEARNED IN TRAINING AND BE ABLE TO TAKE THE TIME NECESSARY TO TRAIN THE INDIVIDUAL. YOU MUST ALSO PROVIDE A MONTHLY PROGRESS REPORT AND BILLING INVOICE. ADDITIONALLY, YOU MUST BE WILLING TO RETAIN THE TRAINEE AS YOUR PERMANENT EMPLOYEE UPON SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM.

ON-THE-JOB TRAINING-PROPOSAL PAPERWORK

In order to facilitate the paperwork necessary for an On-The-Job Training Contract, Workers' Rehabilitation Services will provide as much of the documentation as possible ready for your signature.

1. A Coordinator will meet with you to obtain the information necessary to set up an Educational Service Agreement with your company.
2. With your input, the Coordinator will write a "Contract/Agreement", outlining the job to be learned, the training duties, the time frame, the schedule of payment and terms for specific training procedures.
3. You will be provided with a sample of the Service Agreement and other forms utilized in the OJT process to assist you in the "draft" portion of the process.
4. Once terms have been agreed upon, the Coordinator will have all necessary forms completed and have them delivered to you for signatures. We require the signatures of the employer, the trainee and our Chief Financial Officer.
5. **WRS ASSUMES NO EMPLOYER/EMPLOYEE RELATIONSHIP WITH EITHER THE EMPLOYER OR THE EMPLOYEE. WRS HAS NO INVOLVEMENT IN ANY ARRANGEMENTS MADE BETWEEN THE EMPLOYER AND THE EMPLOYEE OUTSIDE THE SCOPE OF THE "TRAINING AGREEMENT" CONTRACT. NO TRAINING WILL BE ASSUMED TO HAVE BEGUN UNTIL A "TRAINING AGREEMENT" IS EXECUTED, SIGNED BY THE EMPLOYER AND TRAINEE AND APPROVED FOR FUNDING BY OUR CHIEF FINANCIAL OFFICER.**
6. Once the Contract has been approved, you will be notified that you may begin billing for services rendered. Your company will submit to our agency: a monthly invoice (on your company letterhead) accompanied by a copy of the employee's timecard and a checklist Training Progress Report.
7. You can generally expect to receive payment three to four weeks after our receipt of your invoice.

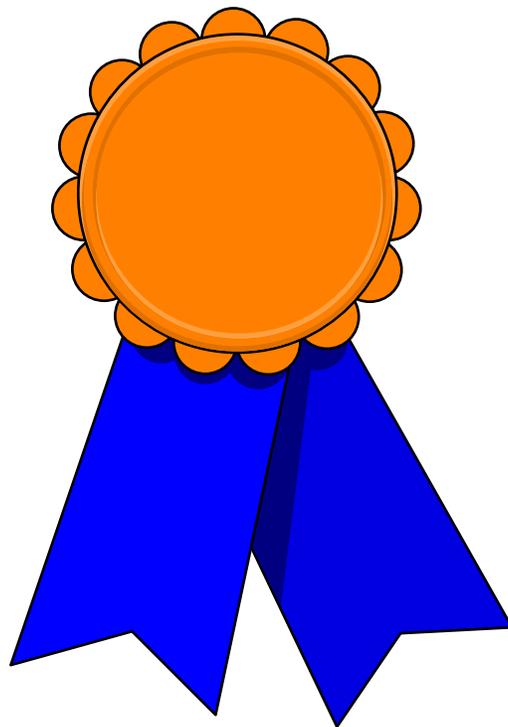
Please note, if you need to contact me, I can be reached at:

**WORKERS COMPENSATION COMMISSION
21 OAK STREET, 4TH FLOOR
HARTFORD, CT. 06105**

**PHONE: (860) 493-1598
FAX: (860) 247-1361**

**Monday-Friday, 7:45 AM to 4:30 PM
Linda Brogan, M.S., LPC Rehabilitation Supervisor**

**WRS IS PROUD TO SAY THAT
OUR SUCCESS RATE IN ON-
THE-JOB TRAINING IS BETTER
THAN 95%!**



EDUCATIONAL SERVICES AGREEMENT

Name of School/Facility: _____

Address: _____ Telephone Number: _____

Federal ID Number: _____ SSN (if not
or Town Code: _____ Incorporated) _____

President's Name or Name of Person
Signing Agreement / Title: _____

Incorporated: YES NO

Owned by a Minority Group: YES NO

If an Individual, are you a State Employee? YES NO

Check One: Proprietorship
 Partnership
 Corporation

LLC
 Other (explain) _____

Billing Schedule: _____
Agreement Period: Date (From) _____ Through (To) _____

_____ agrees to provide educational services to clients referred by the State of Connecticut, Workers' Compensation Commission, Workers' Rehabilitation Services under the following terms/conditions:

1. This agreement is subject to the terms/conditions attached.
2. Clients will be provided services only by written authorization from Workers' Rehabilitation Services.
3. Payment will be made only after services are rendered.
4. School/Facility will adhere to the billing schedule indicated above. (The schedule can be modified at any time upon written request by the school/facility).
5. Full payment for services shall be at regular published rates and in no case higher than charged to any other individual or agency, public or private.
6. This agreement may be cancelled by either party, by giving the other party 30 days written notice of such intention.
7. An individual entering into this agreement is contracting under a "work-for-hire" arrangement. As such, the individual is an independent contractor and not an employee of the State of Connecticut.

As the Duly Authorized Representative of the _____ I agree to the conditions and terms of this agreement.

President/Authorized Signature Title Date

Approved for the State of Connecticut, Workers' Compensation Commission, Rehabilitation Services

M. L. Smernoff Chief Administrative Officer Date

EXECUTIVE ORDERS

This contract is subject to the provisions of Executive Order No. 7A of Governor M. Jodi Rell promulgated August 15, 2005. This provision and its subsections are included in this Agreement in accordance with sections 6 and 11 of Governor M. Jodi Rell's Executive Order #7A: (a) The State Contracting Standards Board (the "Board") may, for cause, review this Agreement and recommend to the contracting agency, for its consideration and final determination as required or permitted by and in accordance with this Agreement and applicable law, termination of this Agreement after providing fifteen days' prior written notice to the contracting agency and the applicable contractor that it will review the Agreement. The results of the Board's review, together with its recommendations, shall be provided to the contracting agency and any other affected party in a timely manner, provided that nothing shall be construed to limit the power of the commissioner or department head of the contracting agency to consider the recommendations of the Board, as required or permitted in accordance with applicable law. For the purpose of this provision, "for cause" means: (1) A violation of Sections 1-84, 1-86e or 4a-100 of the Connecticut General Statutes or (2) wanton or reckless disregard of any State contracting and procurement process by any person substantially involved in this Agreement or the contracting agency. (b) The contractor shall disclose to the head of the contracting agency prior to its execution of this Agreement any items of value provided to any State employees for which full payment has not been made.

This contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill promulgated June 16, 1971, and, as such, this contract may be canceled, terminated or suspended by the State Labor Commissioner for violation of or noncompliance with said Executive Order No. Three, or any state or federal law concerning nondiscrimination, notwithstanding that the Labor Commissioner is not a party to this contract. The parties to this contract, as part of the consideration hereof, agree that said Executive Order No. Three is incorporated herein by reference and made a party hereof. The parties agree to abide by said Executive Order and agree that the State Labor Commissioner shall have continuing jurisdiction in respect to contract performance in regard to nondiscrimination, until the contract is completed or terminated prior to completion. The contractor agrees, as part consideration hereof, that this contract is subject to the Guidelines and Rules issued by the State Labor Commissioner to implement Executive Order No. Three, and that he will not discriminate in his employment practices or policies, will file all reports as required, and will fully cooperate with the State of Connecticut and the State Labor Commissioner. This contract is also subject to provisions of Executive Order No. Seventeen of Governor Thomas J. Meskill promulgated February 15, 1973, and, as such, this contract may be canceled, terminated or suspended by the contracting agency or the State Labor Commissioner for violation of or noncompliance with said Executive Order No. Seventeen, notwithstanding that the Labor Commissioner may not be a party to this contract. The parties to this contract, as part of the consideration hereof, agree that Executive Order No. Seventeen is incorporated herein by reference and made a part hereof. The parties agree to abide by said Executive Order and agree that the contracting agency and the State Labor Commissioner shall have joint and several continuing jurisdiction in respect to contract performance in regard to listing all employment openings with the Connecticut State Employment Service.

I. NON-DISCRIMINATION

(a). For the purposes of this section, "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Conn. Gen. Stat. subsection 32-9n; and "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements.

For purposes of this Section, "Commission" means the Commission on Human Rights and Opportunities.

For purposes of this Section, "Public works contract" means any agreement between any individual, firm or corporation and the state or any political subdivision of the state other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the state, including but not limited to, matching expenditures, grants, loans, insurance or guarantees.

(b) (1) The Contractor agrees and warrants that in the performance of the contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness unless it is shown by the Contractor that such disability prevents

performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action - equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this section and Conn. Gen. Stat. subsections 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Conn. Gen. Stat. subsections 46a-56, 46a-68e and 46a-68f; (b) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56. If the Contract is a public works contract, the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.

c. Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

d. The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.

e. The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. subsection 46a-56; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

f. The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this contract and as they may be adopted or amended from time to time during the term of this contract and any amendments thereto.

g. The Contractor agrees to follow the provisions: The contractor agrees and warrants that in the performance of the agreement such contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation; the contractor agrees to provide each labor union or representative of workers with which such contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; the contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to Section 46a-56 of the general statutes; the contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor which relate to the provisions of this section and Section 46a-56 of the general statutes.

h. The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Section 46a-56 of the general statutes; provided, if such contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

INSURANCE

The contractor agrees that while performing services specified in this agreement he shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" the State of Connecticut from any insurable cause whatsoever. If requested, certificates of such insurance shall be filed with the contracting State agency prior to the performance of services.

STATE LIABILITY

The State of Connecticut shall assume no liability for payment for services under the terms of this agreement until the contractor is notified that this agreement has been accepted by the contracting agency and, if applicable, approved by the Office of Policy and Management (OPM) or the Department of Administrative Services (DAS) and by the Attorney General of the State of Connecticut.

**Workers' Compensation Commission
Workers' Rehabilitation Services**

SAMPLE TRAINING AGREEMENT

Proposed training agreement between (Name of Employer) and the Workers' Compensation Commission/Workers' Rehabilitation Services, State of Connecticut.

SECTION I: SCHEDULE OF TRAINING DUTIES

*****THE SCHEDULE OF TRAINING DUTIES GIVES A DETAILED DESCRIPTION OF THE SKILLS TO BE LEARNED AND THE DUTIES REQUIRED TO SUCCESSFULLY COMPLETE THE ON-THE-JOB TRAINING PROGRAM.**

The trainee will be provided not more than a total of _____ hours of supervised On-the-Job Training as a/an (Job Title). Training will include, but not necessarily be limited to, the following:

FIRST (#) WEEKS:

- A.
- B.
- C. *(The specific duties that would be learned during this time frame are indicated here)*
- D.
- E.

WEEKS (#) THROUGH (#):

- A.
- B.
- C. *(Longer programs may be broken down into additional modules, with the new duties*
- D. *designated for each new module, outlined appropriately.)*
- E.

WEEKS (#) THROUGH (#):

- A.
- B.
- C.
- D.
- E.

ADDITIONAL CONSIDERATIONS:

(If any seminars or classes were to be taken in addition to the actual on-the-job training outlined above, they would be indicated here along with whom would be responsible for associated costs and to what extent.)

SECTION II: SCHEDULE OF PAYMENTS:

*****THE SCHEDULE OF PAYMENTS PROVIDES A BREAKDOWN OF THE TRAINING FEES THAT WILL BE PAID DURING TRAINING.**

(Name of Employer) will pay (\$/hr) for (# of hours) per week. (Name of Employer) will be paid a training fee based on the following schedule:

<u>Segment #</u>	<u># of Weeks</u>	<u>Hourly Rate</u>	<u>Hours/Week</u>	<u>Hourly Training Fee</u>
(1)				
(2)				
(3)				
	<u>Total Weeks:</u>		<u>Total Hours:</u>	

The training fee will be reduced proportionately for each week of less than 40 hours of training.

SECTION III: STIPULATIONS

*****THE SECTION ON STIPULATIONS OUTLINES YOUR RESPONSIBILITIES AS AN EMPLOYER PROVIDING ON-THE-JOB TRAINING.**

- A. A _____ week training program is contemplated, with the trainee working _____ hours per week. Additional hours, sick and vacation pay are not reimbursable by the Workers' Compensation Commission/Workers' Rehabilitation Services.
- B. In addition to the foregoing, (Name of Employer) will provide to the trainee all of the ancillary benefits, if provided to other employees, such as Social Security, Workers' Compensation, Unemployment Insurance, and all other benefits as may be required by applicable State, Federal and Municipal laws.
- C. The training fee as described in Section II will be billed on a monthly basis and will be invoiced to the Workers' Compensation Commission/Workers' Rehabilitation Services and will list the number of hours of supervised instruction being billed. Invoices may be completed on company letterhead. In addition, a Training Progress report must be included with the invoice for payment.
- D. Upon receipt of the invoice and progress report, training fee payments to the Employer will be promptly authorized by the Workers' Compensation Commission and checks will be issued by the State Comptroller.
- E. It is understood by the Employer that the trainee is being trained for an actual job that exists at (Name of Employer). The Employer agrees to retain the trainee in the job on a permanent basis after successful conclusion of the training program. It is expressly understood by all parties signing this agreement that there will be no additional reimbursed training under this contract following the conclusion of training as provided in Sections I and II.
- F. It is understood that the trainee has certain physical limitations and if parts of this job exceed these limitations the trainee will be provided with assistance in performing those tasks.
- G. Any party signing this agreement may terminate this contract at any point prior to conclusion.

SECTION V: ACKNOWLEDGEMENTS

*****SIGNATURES IN THE ACKNOWLEDGEMENTS SECTION CONFIRM ACCEPTANCE OF THE ONTRACT AS WRITTEN.**

The following signatures indicate acknowledgment of the foregoing Schedule of Training Duties, Schedule of Payments, Stipulations and Terms and Conditions:

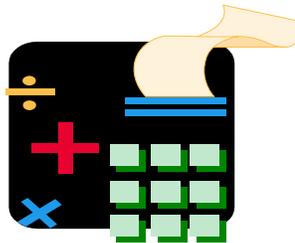
Approved for the Employer: _____ (Pres./Owner) _____ Date: _____

Approved by the Trainee: _____ (Client) _____ Date: _____

Approved for WCC/WRS: _____ (Chief Admin Officer) _____ Date: _____

BILLING INFORMATION AND PROGRESS REPORTS

THERE ARE ONLY TWO ITEMS WHICH YOU ARE RESPONSIBLE FOR SUBMITTING TO WORKERS REHABILITATION SERVICES (WRS) IN ORDER TO ASSURE TIMELY PAYMENTS OF YOUR TRAINING FEE. A SAMPLE OF EACH IS ENCLOSED.



BILLING INVOICES:

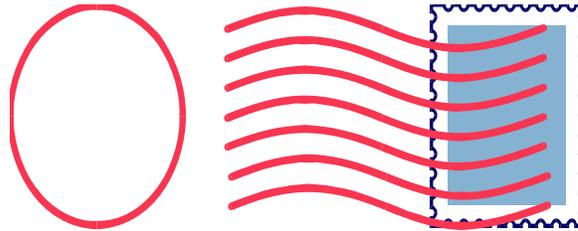
WE HAVE PROVIDED AN EXPLANATION OF THE FORMAT REQUIRED FOR SUBMITTING YOUR INVOICE TO WRS. FOLLOWING THE SUGGESTED BILLING GUIDELINES WILL INSURE TIMELY PAYMENT OF THE TRAINING FEE AGREED UPON IN THE CONTRACT. A SAMPLE OF THE W-9 FORM IS ALSO INCLUDED. THIS MUST BE COMPLETED **PRIOR** TO SUBMITTING ANY INVOICES.



MONTHLY TRAINING PROGRESS REPORTS:

WE ASK THAT A TRAINING PROGRESS REPORT BE SUBMITTED AT THE END OF EACH MONTH SO WE CAN BE ASSURED OF THE TRAINEE'S SUCCESSFUL PROGRESS DURING TRAINING.

FOR YOUR CONVENIENCE, PLEASE MAIL THE PROGRESS REPORT ALONG WITH YOUR BILLING INVOICE TO THE OAK STREET ADDRESS IN HARTFORD.



In order to assure prompt payment of your training fee, we ask that you follow these billing guidelines:

1. **Submit an Invoice for Billing at the end of each month.**

Your invoice can be on company letterhead and should include the following:

- Your company name, address and phone number
- The name of the Trainee
- The dates that you are billing for broken out into weeks (Monday-Friday)
- The number of hours worked during each of the weeks billed
- The agreed upon training fee for each of the weeks billed

2. **Submit a time card or in lieu of that a calendar that indicates proof of the hours worked each day.**

This time card or calendar must be signed by the supervisor/employer to be considered valid.

3. **Submit along with completed monthly Training Progress Report.**

Mail your monthly billing to: Workers' Compensation Commission
Workers' Rehabilitation Services
c/o Accounts Payable
21 Oak Street, 4th Floor
Hartford, CT 06106

MONTHLY TRAINING PROGRESS REPORT

WCR-10 REV 04/04

TO: Workers' Compensation Commission Rehabilitation Services 21 Oak Street, 4 th Floor Hartford, CT 06106		FROM:
STUDENT NAME:	MONTH:	YEAR:
COURSE: Course in which student is enrolled: _____ Date of currently scheduled course completion: _____ Did student complete program: Yes ___ No ___ Date student completed program: _____		
ATTENDANCE: Number of days scheduled: _____ Dates tardy: _____ Dates absent: _____ Time made up: _____ Reason(s) for absence(s): _____		
PROGRESS IN TRAINING: (please choose only one) ___ Excellent ___ Good ___ Fair ___ Poor	COOPERATION IN TRAINING: (please choose only one) ___ Excellent ___ Good ___ Fair ___ Poor	DIFFICULTIES IN TRAINING: (check all that apply) ___ Learning subject matter ___ Following Instructions ___ Other: _____ _____ _____
RECOMMENDATIONS FOR IMPROVING PERFORMANCE: 		
NAME OF OFFICER OR INSTRUCTOR IN CHARGE:		DATE:

SAMPLE INVOICE

ABC COMPANY
123 Main Street
Hartford, CT 06106
860-583-1234



Date of Invoice:

Client's Name:

<u>Month</u>	<u>Expense Type</u>	<u>Cost</u>
Sept/06	Tuition	731.82
	Fees (e.g. application)	75.00
	Books/supplies *	875.00
	Misc. Fees (specify)	125.00
TOTAL		1,806.82

- Books/Supplies: for this charge, you must include a book list or a supply list and it must be signed off on by the client. This must be on a separate sheet of paper.
- If there are a large number of items in a supply kit, for example, indicate: kit includes....
- If supplies are being given out periodically, indicate which supplies the client actually received during the billing period.

NOTE TO ALL VENDORS

Please complete the enclosed **W-9 Form and Agency Vendor Form** and return to:

Workers' Compensation Commission
21 Oak Street, 4th Floor
Hartford, CT 06106

Attn: Business Office

No invoices can be processed until these forms have been received.

This packet of material was revised 10/06

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

● The U.S. grantor or other owner of a grantor trust and not the trust, and

● The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



STATE OF CONNECTICUT - AGENCY VENDOR FORM

SP-26NB Rev. 4/03

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

COMPLETE VENDOR LEGAL BUSINESS NAME		Taxpayer ID # (TIN): <input type="checkbox"/> SSN <input type="checkbox"/> FEIN	
<small>WRITE/TYPE SSN/FEIN NUMBER ABOVE</small>			
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)			
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLC SINGLE MEMBER ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR			
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.			
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT) E. OTHER (DESCRIBE IN DETAIL)			
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			
NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.			
NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?			
VENDOR ADDRESS		STREET	
		CITY	
		STATE	
		ZIP CODE	
<small>Add Additional Business Address & Contact information on back of this form.</small>			
VENDOR E-MAIL ADDRESS		VENDOR WEB SITE	
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. <input type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE.			
REMIT ADDRESS		STREET	
		CITY	
		STATE	
		ZIP CODE	
CONTACT INFORMATION: NAME (TYPE OR PRINT)			
1 ST BUSINESS PHONE:		Ext #	HOME PHONE:
2 ND BUSINESS PHONE:		Ext #	1 ST PAGER:
CELLULAR:		2 ND PAGER:	
1 ST FAX NUMBER:		TOLL FREE PHONE:	
2 ND FAX NUMBER:		TELEX:	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR			DATE EXECUTED
TYPE OR PRINT NAME OF AUTHORIZED PERSON		TITLE OF AUTHORIZED PERSON	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? <input type="checkbox"/> YES (ATTACH COPY OF CERTIFICATE) <input type="checkbox"/> NO			
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS			
FOR PURCHASE ORDER DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW 2) INPUT E-MAIL ADDRESS OR FAX # (IF CHECKED)			
<input type="checkbox"/> E-MAIL		<input type="checkbox"/> FAX	<input type="checkbox"/> USPS MAIL
		<input type="checkbox"/> EDI	
If EDI was selected, give us a person to contact in your company to set up EDI:			
NAME:			
E-MAIL ADDRESS:			
TELEPHONE NUMBER:			
FOR REQUEST FOR QUOTATION (RFQ) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW 2) INPUT E-MAIL ADDRESS OR FAX # (IF CHECKED)			
<input type="checkbox"/> E-MAIL		<input type="checkbox"/> FAX	<input type="checkbox"/> USPS MAIL

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED