

Electronic Vocational (EVOC) Notifications: Step-by-Step Instructions

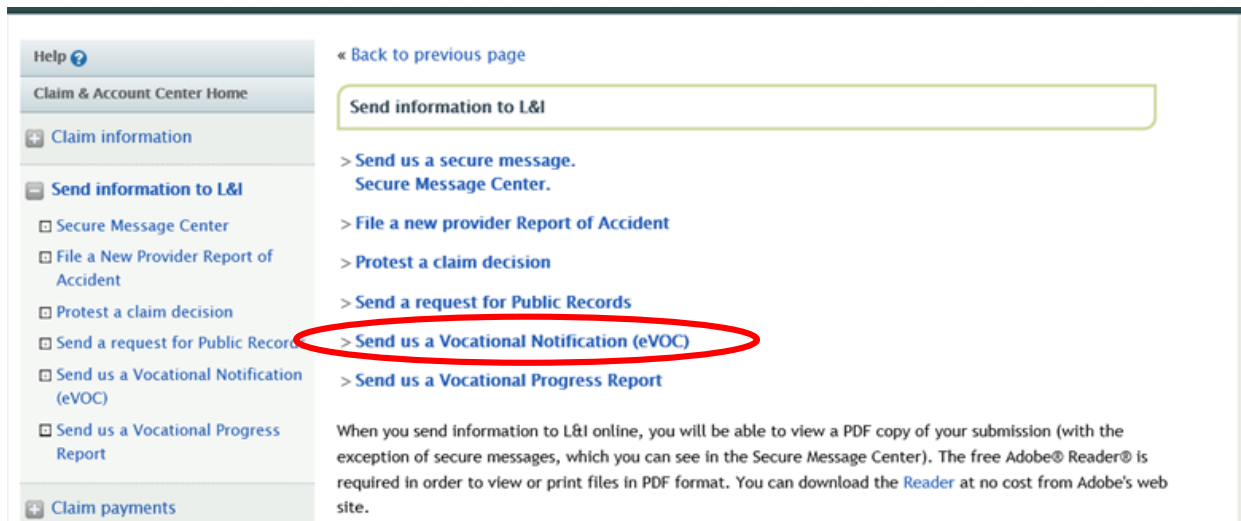
Overview

Claim and Account Center (CAC) allows Vocational Rehabilitation Counselors (VRCs) to submit the following electronic notifications:

- Report worker has returned to work.
- Report worker is non-cooperative.
- Request a good cause extension for plan development.
- Request L&I action.


Submitting an E-transaction

1. Log on to CAC at [My L&I](#).
2. Go to “Send Information to L&I”
3. Select “Send us a Vocational Notification” from the menu.



The screenshot shows the 'Send information to L&I' page in the CAC system. The left sidebar contains a navigation menu with the following items: Help, Claim & Account Center Home, Claim information, Send information to L&I (expanded), Secure Message Center, File a New Provider Report of Accident, Protest a claim decision, Send a request for Public Records, Send us a Vocational Notification (eVOC), Send us a Vocational Progress Report, and Claim payments. The main content area shows a list of options under the heading 'Send information to L&I': > Send us a secure message. Secure Message Center., > File a new provider Report of Accident, > Protest a claim decision, > Send a request for Public Records, > Send us a Vocational Notification (eVOC) (circled in red), and > Send us a Vocational Progress Report. Below the list, there is a paragraph of text: 'When you send information to L&I online, you will be able to view a PDF copy of your submission (with the exception of secure messages, which you can see in the Secure Message Center). The free Adobe® Reader® is required in order to view or print files in PDF format. You can download the Reader at no cost from Adobe's web site.'

4. Enter claim number and click on "Get Claim".

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Claim & Account Center Home

Send us a voc notification

Claim information

Send information to L&I


- Secure Message Center
- File a New Provider Report of Accident
- Protest a claim decision
- Send a request for Public Records
- Send us a Vocational Notification (eVOC)
- Send us a Vocational Progress Report

Claim number		Injury date	
Worker name			
Employer name			
Attending doctor			
Claim Manager			
Claim Manager fax	360-902-4567		

Enter Claim #

Get Claim

5. Select the appropriate notification type and click on "Continue".

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Claim & Account Center Home

Send us a voc notification

Claim information

Send information to L&I

- Secure Message Center
- File a New Provider Report of Accident
- Protest a claim decision
- Send a request for Public Records
- Send us a Vocational Notification (eVOC)
- Send us a Vocational Progress Report

Claim payments

Self-insured information

Claim number	Z000022	Injury date	08/01/2008
Worker name	NEW CLAIMANT		
Employer name	BYRT'S TEST BUSINESS		
Attending doctor	GILLINGHAM DAVID DO		
Claim Manager	MARK D POGUE 360-902-6764		
Claim Manager fax	360-902-4567		

Enter Claim #

Get Claim

Type of voc notification you want to send:

- Injured worker returned or is returning to work
- Injured worker is non-cooperative
- "Good Cause" extension
- Voc Message Alert

Click to continue >

6. Choose the appropriate type of vocational notification.
For example, worker returned to work notification requires:
 - a. Date worker returned to work.
 - b. Contact phone number.
 - c. Comments.

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Send us a notification that the worker has or is returning to work

Claim number	Z000022	Injury date	08/01/2008
Worker name	NEW CLAIMANT		
Employer name	BYRT'S TEST BUSINESS		
Attending doctor	GILLIN		
Claim Manager	MARK D		
Claim Manager fax	360-902-4567		

Worker returned/returning to work * indicates required field

From: VRC THALLER


*Worker returned/will return to work on

Contact Phone: - - Ext

Message: *

7. Click on "Submit" to send the notification (or click "Preview" to see entries prior to submission).

8. After clicking on "Submit", the system will confirm the transaction.

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Claim & Account Center Home

The CM and VSS have received your voc notification.

Claim number	Z000022	Injury date	08/01/2008
Worker name	NEW CLAIMANT		
Employer name	BYRT'S TEST BUSINESS		
Attending doctor	GILLINGHAM DAVID DO		
Claim Manager	MARK D POGUE 360-902-6764		
Claim Manager fax	360-902-4567		

You have successfully submitted your information. Your Transaction ID is 2302685.
This notification replaces the need for a phone call.

Send us a voc notification

Submitted by	Received on	View/print document
VRC THALLER	September 24, 2019 10:25 AM	View official record (in Adobe PDF)  If you don't see your document when you click the link, try using Ctrl-click.