

Form Instructions

Please complete as much information as you have available. If you need help completing the form, contact Claims at (208) 332-2100 or (800) 334-2370.

Please save a copy for your records.

Submission options:

- Upload at https://hub.idahosif.org/Document/Upload
- Email as an attachment to: ClaimsIM@IdahoSIF.org
- Mail to:

SIF, Idaho Workers' Compensation P.O. Box 83720 Boise, ID 83720-0044

Note: Mistakes happen, if you spot or realize an error, please contact us and we will work with you to sort things out. Please be aware that any person who knowingly, and with intent to defraud or deceive any insurance company, submits a statement or claim containing any false, incomplete, or misleading information is violating the law.



Restricted Duty Supplemental Report

Claim #:	Inju	ured Worker:	Injury Date:
Hourly rate of p	oay: Ov	ertime rate of pay	r:
Overtime rate 6	effective after	— hours per week	c.
Please complete	e this report for th	e period you offe	red restricted duty:
Report the ho to work or no	ours worked for ev	ery date listed in	the table below whether the worker was scheduled
Restricted du	ty hours must be r	eported every 14	days while the injured worker is on restricted duty.
Dates for this period	Restricted duty hours offered	Restricted duty hours worked	If the restricted duty hours worked is less than offered, please explain:
Name of owner	or employer's rep	presentative comp	pleting form Phone Number
Title		Date	