

## Template for LMA/EPD Research Requests

Date:	Type of Research: (LMA, EP Salary, LMA call back, LMP Salary)
Referral Name:	Referral Phone Number:
Claim Number:	Client Name:
Position(s) to be researched (3 Max): 1) 2) 3)	
NOC #(s) of position(s) to be researched: 1) 2) 3)	
Location of position(s) to be researched:	
Hours per week for the position to be researched (2 Ranges Max): 1) 2) 3)	
Did you research the LMA/EP database prior to submitting your LMA/EP Salary request?	
Comments:	
Is this request part of a suitability review, appeals decision, or DRDRB decision? (please indicate which)	