

Worker's Compensation

Loss of Time/Return to Work Reports

Employee's Name:
Department:
Date of Injury:
First Date Absent from Work Because of Injury:
Date Returned to Work Because of Injury:

Complete form **only** if employee is absent from work **because of injury** and return with Supervisor's Report of Accident to Finance Department.

Complete form when employee returns to work and return **immediately** to the Finance Department.