

TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

Month of Report _____ Location code _____

Agency _____ Contact Person _____

REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: _____
2. Number of employees returned to work on transitional duty: _____
3. Number of employees returned to work full duty: _____
4. Number of employees on workers' compensation at month's end: _____
5. Number of employees who are separated from the agency and still receiving workers' compensation: _____

- A job task list is on file for each workers' compensation claim this month: __yes __ no
- The RTW committee has met and reviewed all W/C ___yes ___ no

1. Employee _____ days missed _____ day pay rate _____

2. Employee _____ days missed _____ day pay rate _____

3. Employee _____ days missed _____ day pay rate _____

4. Employee _____ days missed _____ day pay rate _____

5. Employee _____ days missed _____ day pay rate _____

6. Employee _____ days missed _____ day pay rate _____

7. Employee _____ days missed _____ day pay rate _____

8. Employee _____ days missed _____ day pay rate _____

9. Employee _____ days missed _____ day pay rate _____

10. Employee _____ days missed _____ day pay rate _____

11. Employee _____ days missed _____ day pay rate _____

12. Employee _____ days missed _____ day pay rate _____

TOTAL _____ TOTAL _____