

**TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000**

The purpose of this form is to record an agency's Transitional Duty activity for the **current month** only.

Month of Report \_\_\_\_\_ Location code \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

**The agency has developed and implemented a Transitional Duty Employment plan: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Transitional Duty Employment is monitored at the department level:  
\_\_\_\_\_ Yes \_\_\_\_\_ No**

**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: \_\_\_\_\_.
6. The RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: \_\_\_\_ yes \_\_\_\_ no.

**\*NOTE: Lost time refers to whole days an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.**

**Please keep completed forms on file at the location or department level that is responsible for Transitional Duty Employment.**

**THIS FORM IS FOR INTERNAL USE ONLY.**

**FORM DA WC4000  
REVISED 07.2019**