

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. It is not cumulative.

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 month of reporting: _____. *
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. The RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: ____ yes ____ no ____ n/a.

***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 06.2020**