

TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

The purpose of this form is to record an agency's Return to Work activity for the **current month** only. It is not cumulative.

Month of Report _____ ORM Location Code _____

Agency _____ Contact Person _____

The agency has developed and implemented a Transitional Return to Work plan: _____ Yes _____ No

Transitional Return to Work plan 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 with medical restrictions: _____.
3. Number of employees returned to work full duty: _____.
4. Number of employees on workers' compensation at month's end: _____.

***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 Return to Work.

THIS FORM IS FOR INTERNAL USE ONLY.

**FORM DA WC4000
REVISED 6/16/2025**