

**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 \_\_\_\_\_