

Colorado State University - Workers' Compensation Timesheet

First Name		Last Name		Normal Hours Worked	
Home Dept.				Date of Injury	

Week Start Date (Monday)	
---------------------------------	--

Hours Scheduled per Day		Days Scheduled this Week	
--------------------------------	--	---------------------------------	--

Hours Worked			
Date	Time In	Time Out	Total Hours Worked
Total Worked			

Hours Missed from Work						
Medical Appt	No Work w/in Restrictions	Taken Off by Physician	Leave w/out Pay	Annual Leave	Sick Leave	Total Hours Missed
Total Missed						

Total Hours Scheduled	
------------------------------	--

Actual Week Total	
--------------------------	--

NOTE: Time off work MUST be documented by a medical note in order to be paid through injury leave. Please attach lost time documentation to this report and turn into Risk Management and Designated Departmental Person (DDP) WEEKLY, no later than Tuesday of each week. Submit via email: workcomp@colostate.edu or by fax: 970-491-4804. THIS REPORT IS NOT A SUBSTITUTE FOR OTHER DEPARTMENT REQUIRED FORMS.

Next Medical Appointment(s)			
Employee Signature		Date:	
Supervisor Signature		Date:	

INTERNAL USE ONLY			
Risk Management Signature		Date:	
Date Sent to DDP and Initials		Notes	