



# WORKERS' COMPENSATION VERIFICATION OF EMPLOYEE'S LOST TIME DUE TO WORK-RELATED INJURY

To: Benefits Administration Office

\_\_\_\_\_ (Date)

From: \_\_\_\_\_  
(School/Work-Site)

\_\_\_\_\_ (Pay Location)

Employee's Name \_\_\_\_\_ SS # \_\_\_\_\_

Date of Injury \_\_\_\_\_ EIN # \_\_\_\_\_

(NOTE: Administrative Procedure 4146.1 states an employee will not be charged leave on the date of injury)

Occupation- \_\_\_\_\_

First Day Out \_\_\_\_\_

Contract Hours Per Week- \_\_\_\_\_

Verify below all days (including 1/2 days) missed from work (to date) due to injury and the type of leave actually charged. If employee has exhausted all leave, charge employee Leave Without Pay. Submit Weekly.

<u>Date(s)</u>	<u>Total No. of Days</u>	<u>Type of Leave</u>
_____	_____	Sick Leave
_____	_____	Annual Leave
_____	_____	Personal Leave
_____	_____	Leave Without Pay

Date Returned to Work \_\_\_\_\_

cc: Employee  
Worksite

\_\_\_\_\_  
Signature of Leave Granting Authority  
(Principal/Dept. Head/Supervisor/Foreman)

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*Please Do Not Write Below This Line*

## INSTRUCTIONS FOR COMPLETION OF FORM FOR VERIFICATION OF EMPLOYEE'S LOST TIME DUE TO WORK-RELATED INJURY

The purpose of this form is to VERIFY an employee's lost time from work due to a work related injury.

It is the responsibility of the Leave Granting Authority to provide written verification of an employee's lost time to the Benefits Administration Office. Therefore, the Leave Granting Authority should complete the form weekly when an employee has lost time from work. This form is stocked in the Warehouse (PGIN 7540-2407).

Complete this form each week for as long as the employee is off work and forward it to the Benefits Administration Office. When the employee returns to work, the Leave Granting Authority will complete the **Date Returned to Work** space at the bottom of the form and forward it to the Benefits Administration Office.

If an employee is off again due to the same injury for followup treatment or further illness, the Leave Granting Authority must again complete this form and forward it to the Benefits Administration Office.

After signing the completed form, the Leave Granting Authority will:

- (1) Submit original to the Benefits Administration Office
- (2) Retain yellow copy
- (3) Give/send pink copy to employee

**NOTE: This form is for verification of lost time only; it is NOT an approval of disability leave, nor does it confirm that the absence is compensable under Workers' Compensation.**

**Please refer to Administrative Procedure 4146.1 for a more detailed and comprehensive explanation of Worker's Compensation and Disability Leave. If you have any questions, please call the Benefits Administration Office on 952-6321 (A-K) or 952-6316 (L-Z).**