



Workers' Compensation  
 Office of Risk Management  
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 Knoxville, TN 37996  
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## Lost Time / Return-to-Work Calendar

*This form is used to report days of work lost by an employee as a result of an on-the-job injury. Please show EVERY DAY the employee is off work and indicate the type of leave reported. If employee is absent during more than one calendar month, please submit one page for each month with absences relating to the injury, until employee returns to work.*

Employee Name (Please Print): \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Department: \_\_\_\_\_

Calendar Month: \_\_\_\_\_ Year: \_\_\_\_\_

SUNDAY    MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY    SATURDAY


Please use these codes to indicate type of leave reported for lost time:

- DOI Day of injury
- W Worked
- RTW Return to Work
- R Regularly scheduled day off
- SL Sick Leave
- AL Annual Leave
- LWOP Leave without pay
- H Holiday
- AD Administrative leave
- TD Transitional duty

**NOTE: Do not charge Sick or Annual leave for absence on the day of injury.**

*If the employee is unable to continue to work due to an on-the-job injury or illness, the employee will receive his/her regular salary for the remaining portion of the employee's work shift on the day of the job-related injury or illness.*