

**Colorado State University - Workers' Compensation Timesheet**

<b>First Name</b>		<b>Last Name</b>		<b>Normal Hours Worked</b>	
<b>Home Dept.</b>				<b>Date of Injury</b>	

<b>Week Start Date (Monday)</b>	
---------------------------------	--

<b>Hours Scheduled per Day</b>		<b>Days Scheduled this Week</b>	
--------------------------------	--	---------------------------------	--

<b>Hours Worked</b>			
Date	Time In	Time Out	Total Hours Worked
Total Worked			

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

<b>Total Hours Scheduled</b>	
------------------------------	--

<b>Actual Week Total</b>	
--------------------------	--

**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](mailto:workcomp@colostate.edu) or by fax: 970-491-4804. THIS REPORT IS NOT A SUBSTITUTE FOR OTHER DEPARTMENT REQUIRED FORMS.**

<b>Next Medical Appointment(s)</b>			
<b>Employee Signature</b>		<b>Date:</b>	
<b>Supervisor Signature</b>		<b>Date:</b>	

<b>INTERNAL USE ONLY</b>			
<b>Risk Management Signature</b>		<b>Date:</b>	
<b>Date Sent to DDP and Initials</b>		<b>Notes</b>	