



TIME LOST REPORT FOR WORKERS' COMPENSATION INJURIES

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837, FAX 573-751-5262**

EMPLOYEE NAME	CARO CASE NO.:
DATE OF INJURY:	DATE OF NEXT DOCTOR'S APPOINTMENT:

For workers' compensation benefits to be considered, the following is needed:	MONTH	MONTH
	1. Documentation from the physician (ie: off work slips).	01
02		02
2. Completed Time Lost Report.	03	03
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PLEASE FAX ALL OF THE ABOVE TO CARO AS SOON AS POSSIBLE.	09	09
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INSTRUCTIONS:	11	11
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1. This report must be completed if the employee has lost one or more complete days of work due to the injury.	13	13
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2. Time Lost Reports should be submitted on a regular basis (every two weeks) on all injuries with time lost.	15	15
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3. Please indicate on a daily basis the number of hours the employee missed due to the injury (ie: if the employee missed 8 hours, write 8 WC). Please use the 'WC' abbreviation to indicate if the time missed was due to the injury.	17	17
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4. This report should be completed by the state agency, not the injured employee.	19	19
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If you have questions concerning time lost injuries, please contact the Time Lost Caseworker at the CARO office.