STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

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.:
Employee Name	0201234
DATE OF INJURY:	DATE OF NEXT DOCTOR'S APPOINTMENT:
01/03/2002	

For workers' compensation benefits to be considered, the following is needed:

1. Documentation from the physician (ie: off work slips).
2. Completed Time Lost Report.

PLEASE FAX ALL OF THE ABOVE TO CARO AS SOON AS POSSIBLE.

INSTRUCTIONS:

1. This report must be completed if the employee has lost one or more complete days of work due to the injury.
2. Time Lost Reports should be submitted on a regular basis (every two weeks) on all injuries with time lost.
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.
4. This report should be completed by the state agency, not the injured employee.

MONTH	January	MONTH	January
01	Example of Work Comp & Modified Duty	01	Example of Temporary Partial
02		02	
03	Date of Injury/WC	03	Date of Injury/WC
04	WC (employee totally off work)	04	WC (employee totally off work)
05	WC	05	WC
06	WC	06	WC
07	Dr's Appointment- WC	07	Dr's Appointment- WC
08	MD (employee working modified duty)	08	4 hour worked/4 hour WC
09	MD	09	4 hour worked/4 hour WC
10	MD	10	4 hour worked/4 hour WC
11	MD	11	4 hour worked/4 hour WC
12	MD	12	4 hour worked/4 hour WC
13	MD	13	4 hour worked/4 hour WC
14	Dr's Appointment - Released to Full Duty	14	Dr's Appointment - Released to Full Duty
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
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24		24	
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31		31	

If you have questions concerning time lost injuries, please contact your Time Lost Caseworker at the CARO office.