



TIME LOST REPORT FOR WORKERS' COMPENSATION INJURIES

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: 1. Documentation from the physician (ie: off work slips). 2. Completed Time Lost Report.	MONTH	MONTH
		01
	02	02
	03	03
	04	04
	05	05
	06	06
	07	07
	08	08
PLEASE FAX ALL OF THE ABOVE TO CARO AS SOON AS POSSIBLE.	09	09
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INSTRUCTIONS:	12	12
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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.	14	14
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2. Time Lost Reports should be submitted on a regular basis (every two weeks) on all injuries with time lost.	18	18
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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.	22	22
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4. This report should be completed by the state agency, not the injured employee.	29	29
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If you have questions concerning time lost injuries, please contact the Time Lost Caseworker at the CARO office.