

Lost Time / Return to Work Calendar



THE UNIVERSITY OF TENNESSEE

Instructions: Please indicate the Date of Injury (DOI) and use the key code below to notate each subsequent day until the Injured Worker returns to work full duty.

NOTE: Do not charge Sick or Annual leave for absence on the day of injury. The Injured Worker will receive his/her regular salary for the remaining portion of the employee's work shift on the day of the work injury.

Employee Name (Please Print): _____

Employee ID#: _____ Department: _____

Calendar Month: _____ Year: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

KEY CODE:

- | | | | |
|-----|-----------------------------|------|----------------------|
| DOI | Date of Injury | AL | Annual Leave |
| W | Worked | LWOP | Leave Without Pay |
| RTW | Return to Work | H | Holiday |
| R | Regularly Scheduled Day Off | AC | Administrative Close |
| SL | Sick Leave | TD | Transitional Duty |

Office of Risk Management *Phone: (865) 974-5409 *Fax: (865) 974-0936
Email: riskmanagement@tennessee.edu

Lost Time / Return to Work Calendar