

Lost Time / Return to Work Calendar



THE UNIVERSITY OF TENNESSEE

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

- | | | | |
|-----|-----------------------------|------|----------------------|
| 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