

**TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000**

The purpose of this form is to record an agency's Return to Work activity for the **current month** only. It is not cumulative.

Month of Report \_\_\_\_\_ ORM Location Code \_\_\_\_\_

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

**The agency has developed and implemented a Transitional Return to Work plan: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Transitional Return to Work plan is monitored at the department level:  
\_\_\_\_\_ Yes \_\_\_\_\_ No**

**REPORT THE FOLLOWING ACTIVITY:**

1. Number of lost time workers' compensation claims during the month of reporting: \_\_\_\_\_.\*
2. Number of employees returned to work with medical restrictions: \_\_\_\_\_.
3. Number of employees returned to work full duty: \_\_\_\_\_.
4. Number of employees on workers' compensation at month's end: \_\_\_\_\_.

**\*NOTE: Lost time refers to whole days an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.**

**Please keep completed forms on file at the location or department level that is responsible for Transitional Return to Work.**

**THIS FORM IS FOR INTERNAL USE ONLY.**

**FORM DA WC4000  
REVISED 6/16/2025**