**TRANSITIONAL duty employment Audit FORM – DA WC4000**

The purpose of this form is to record an agency’s Transitional Duty activity for the **current month** only. It is not cumulative.

Month of Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**The agency has developed and implemented a Transitional Duty Employment plan: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**Transitional Duty Employment 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 on transitional duty: \_\_\_\_\_\_\_\_.
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 Duty Employment.**