

# 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