

Lost Time Reports must be submitted to University Risk Management every two weeks, even if there is no Workers Compensation lost time until the case is closed. If you have any questions, please contact University Risk Management at (303) 860-5682. If you are unable to submit through our website, please print this form and FAX it to 303-860-5680 * Denotes This is a Required Field

Workers Compensation Lost Time Report Worksheet		
EMPLOYEE NAME *	DATE OF INJURY*	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
CAMPUS : *		
<input style="width: 95%;" type="text"/>		
COMPLETED BY *	PHONE NUMBER *	DATE *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

DAY	DATE * (MM/DD/YYYY)	NON WC HOURS *	WC LOST TIME *
WEEK 1			
SUNDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
MONDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
TUESDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
WEDNESDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
THURSDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
FRIDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
SATURDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		Total	Total
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
WEEK 2			
SUNDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
MONDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
TUESDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
WEDNESDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
THURSDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
FRIDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
SATURDAY	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		Total	Total
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

It is unlawful to knowingly provide false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.