# Thompson School District

## Workers' Compensation - Tracking Absences Form

Absences related to the treatment of workers' compensation claims are paid in accordance with C.R.S. § 8-42-102, 103 and Board Policy GBGD. **All absences, including those for doctor's visits, physical therapy, surgery, doctor authorized time off from work, etc. must be reported through AESOP,TC Plus or your department's absence reporting method.** This form may also be used as a reference for the * *Mileage Reimbursement Form provided by Pinnacol Assurance. To minimize the effect an absence has on student learning, work load, and to avoid a reduction in pay due to a dock in wages, injured employees are encouraged to schedule medical care appointments outside of regular work hours, whenever possible.*

If you missed work on date of injury to seek medical attention, please do not include that date. Full wages are paid on date of injury.

*Please let your supervisor know as soon as possible of absences needed for medical care.*

Employees will use limited available paid leave for the first three days of absence following the date of injury (whether consecutive or intermittent). If the employee doesn't have available paid leave then these days will be unpaid. Absences, which are authorized by the designated physician, that follow these first three days will be paid at 66-2/3% of gross wages and will be paid directly to you by Pinnacol. The district will dock those absences from your paycheck.

Employee Name:_____ Work Location_____

Employee's Regular Work Schedule_____ (sample: 8 hours, M – F, 7 am to 4 pm)

Employee's Modified Duty Schedule_____ (sample: 5 hours, M – F, 7 am to 1 pm)

**Completion of the Tracking Absences Form:** One line should be used for each day, please do not combine days. Each entry must include the date and start and end times. ***If you used comp or lunch time, please make note of that on the form. Supervisor will need to validate by signature if "Comp time" is used.***

| Appointment Date | Medical Provider Name | Start Time of Absence (example10:00 am) Allow for travel time. | End Time of Absence (example12:15 pm) Allow for travel time. | Total Period of absence (hours and minutes) |
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| **Total time loss** | | | | |

*** Complete and return "Medical Appointment Mileage Reimbursement Form" to Pinnacol Assurance.**
**This form is included in your workers' compensation packet sent from Pinnacol Assurance.**

**Employee's and supervisor's signature verify accuracy of time and date of absence.**

Employee's Signature_____ Date_____

Supervisor's Signature_____ Date_____

**Submit completed form by the 8th of the month to the Benefits & Risk Management Office.**

2015