**Return to Work Timesheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | Location | |  | | | |
| Period Ended: | |  | | | | | Classification: | |  | | | |
| **Date** | **Day** | | **Start work** | **Lunch start** | **Lunch end** | **End work** | | **Hours worked** | | **Annual/ Sick Leave** | **Comments** |
|  | **SAT** | |  |  |  |  | |  | |  |  |
|  | **SUN** | |  |  |  |  | |  | |  |  |
|  | **MON** | |  |  |  |  | |  | |  |  |
|  | **TUE** | |  |  |  |  | |  | |  |  |
|  | **WED** | |  |  |  |  | |  | |  |  |
|  | **THU** | |  |  |  |  | |  | |  |  |
|  | **FRI** | |  |  |  |  | |  | |  |  |
|  |  | |  |  |  |  | |  | |  |  |
|  | **SAT** | |  |  |  |  | |  | |  |  |
|  | **SUN** | |  |  |  |  | |  | |  |  |
|  | **MON** | |  |  |  |  | |  | |  |  |
|  | **TUE** | |  |  |  |  | |  | |  |  |
|  | **WED** | |  |  |  |  | |  | |  |  |
|  | **THU** | |  |  |  |  | |  | |  |  |
|  | **FRI** | |  |  |  |  | |  | |  |  |

Please complete and send this form each fortnight to [claims@csaim.org.au](mailto:claims@csaim.org.au).

|  |  |  |  |
| --- | --- | --- | --- |
| Injured Worker Signature: |  | Date: | \_\_\_/\_\_\_/\_\_\_\_ |
| Managers Signature: |  | Date: | \_\_\_/\_\_\_/\_\_\_\_ |