**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.

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