TEMPORARY HOURLY EMPLOYEE
HOURS MISSED BECAUSE OF WORK-RELATED INJURY

PLEASE LIST BELOW THE HOURS MISSED BY TEMPORARY HOURLY EMPLOYEES DUE TO JOB RELATED ILLNESS OR INJURY. DO NOT REPORT HOURS ON TIMESHEET; HOURLY EMPLOYEES ARE PAID FOR ACTUAL TIME WORKED ONLY. WORKERS' COMP WILL DETERMINE COVERAGE AND PAY THE EMPLOYEE DIRECTLY.

EMPLOYEE NAME: _____

DATE OF INJURY OR ILLNESS: _____

TIME OF DAY: _____

MISSED WORK HOURS:	DATES	HOURS
(example)	*7/9/99*	*6.5 hours*

_____ _____

POC or Supervisor Signature Date