

INJURED EMPLOYEE WEEKLY CONTACT SHEET

GENERAL			
Name	Department	Date	
Injury		Supervisor	_
WEEKLY CONTACT LOG (Branch Manager to contact employee weekly)			
WEEK 1	, ,	. ,	
Status of Recovery			_
Expected Return to Work Date			_
WEEK 2			
Status of Recovery			_
Expected Return to Work Date			_
WEEK 3			
Status of Recovery			_
Expected Return to Work Date			_
WEEK 4			
Status of Recovery			_
Expected Return to Work Date			_
WEEK 5			
Status of Recovery			
Expected Return to Work Date			
WEEK 6			
Status of Recovery			
Expected Return to Work Date			_
WEEK 7			
Status of Recovery			
Expected Return to Work Date			
WEEK 8			
Status of Recovery			
Expected Return to Work Date			
COMMENTS			
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Forward to RTWF weekly