Workers' Compensation Claim Tracking Worksheet

Employee
Name:_____

Date of Injury: _____/_____/_____ Part of Body_____

Employer's Date of Knowledge of the injury:
_____/_____/_____

Name of person reporting the claim to the RTWC: _____

Date the Employee Claim form (3301) given to the employee: _____/_____/_____

Date the Employee Claim form returned by the employee: _____/_____/_____

Date the Employee Claim form sent to SCIF: _____/_____/_____

Date the Employer's First Report (3067) sent to SCIF: _____/_____/_____

Date Employee Returned to Work:

Light Duty: _____/_____/_____

Full Duty: _____/_____/_____

Notes:
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