

Lost Time Reports must be submitted to University Risk Management every two weeks, even if there is no workers compensation lost time until the case is closed. If you have any questions, please contact University Risk Management at (303) 860-5682.

Workers Compensation Lost Time Report Worksheet						
EMPLOYEE NAME *			CAMPUS :*			
SUPERVISORS NAME *		DEPARTMENT NAME *		DATE OF INJURY*	EMPLOYEE ID #*	
COMPLETED BY *			PHONE NUMBER *	CAMPUS BOX: *	DATE:	
DAY	DATE * (MM/DD/YY)	SHIFT HOURS START (H:MM)	SHIFT HOURS END (H:MM)	NON WC HOURS *	WC LOST TIME *	COMMENTS
WEEK 1						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEK 2						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
			Totals			

It is unlawful to knowingly provide false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.