

Cherry Creek School District - Worker's Compensation Time Sheet

**THIS REPORT IS NOT A SUBSTITUTE FOR OTHER DEPARTMENT REQUIRED TIME SHEETS.
MUST BE FILLED OUT IN ITS ENTIRETY.**

First Name:		Last Name:		Beginning Date of This Week (Monday)	
Department:		Date of Injury:		Normal Hours Worked daily in your current position	
Hours Scheduled Per Day		Total Hours Scheduled Per Week:		Days Scheduled This Week:	

Hours Worked:			
Date	Time In	Time Out	Total Hours worked
Total Hours Worked			

Hours Missed from Work		
Medical Apt	Other	Total Hours Missed
Total Missed Hours		

Next Appointment is:	
Employee Signature:	Date:
Supervisor Signature:	Date:

- Time off must be documented by a medical report in order to be paid work comp benefits.
- Please submit this time sheet every Friday via email to riskmanagement@cherrycreekschools.org or fax 720-554-4641.
- Risk Management will forward your time sheet to the Work Comp Adjuster and Payroll.