

LIGHT DUTY ATTENDANCE

Pony original to Risk Mgt, A- 103
Employee's school/dept contact:

Fax: 48467
Fax:

ADJUSTER:

Phone: 1-800-482-3272, ext.:

Name:
School/Dept:
Empl id:
Contact:

Date of Accident:
Placement:
Hours:
PX: Fax:

DATE	TIME IN	TIME OUT	DESTINATION

TO BE COMPLETED BY PLACEMENT SCHOOL OR DEPT

Placement School/Dept Authorized Signature

Revised 1/10/2008

Restrictions: