



TIME TRACKER FOR WORK-RELATED MEDICAL APPOINTMENTS

- Please turn this in to your supervisor (or department/division designee) **on Friday at the end of each week.**
- Follow the instructions provided in the EMPLOYEE INSTRUCTIONS FOR HANDLING WORK-RELATED MEDICAL APPOINTMENTS

Date of Appointment	Facility Name	Appointment Time IN	Appointment Time OUT	Time Returned to Work

Upon completion of this weekly form, the employee must sign and date below:

Signature

Date

Note to Supervisor:

- Upon receipt, please immediately scan and send the time tracker to the Risk_Management@hampton.gov email.
- Please copy your payroll clerk.
- In KRONOS, you must code these appointments as: **WORKERS COMP RISK**
- Risk Management will forward this form to the Workers' Compensation adjuster at the time of receipt.

THIS IS A SINGLE FORM USED FOR MEDICAL APPOINTMENTS THAT MAY BE ONGOING.

PLEASE MAKE SURE TO READ THE *EMPLOYEE INSTRUCTIONS FOR HANDLING WORK-RELATED MEDICAL APPOINTMENTS* GUIDANCE FOUND ON THE EMPLOYEE CONNECTION UNDER FORMS & RISK MANAGEMENT.