



Rochester, Michigan 48309-4401

WORKMAN'S COMPENSATION TIME SHEET

Name _____

Date _____

Date of Accident _____

Grizzly ID _____

Last Day
Worked Date) _____

Regular Pay Rate _____

Hours Worked
on Last Day _____

Payroll Ending _____

Date Employee
Returned to Work
After Injury _____

Employee Work
Schedule (days/hrs) _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Hours																	
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Total
Hours																	

Approvals:

Department

Employment Relations Department

Payroll Department Use Only

Amount of Workman's Compensation _____

Amount of Sick Pay _____

Administrative Pay _____

Employment Relations Department Use Only

Reg Hourly Rate _____

Weekly WC Rate _____

Hourly WC Rate _____

WC hrs. in Pay Period _____

Reg. Rate * WC hrs. _____

WC Rate * WC hrs. _____

Difference in Reg pay and WC _____

Sick/Vacation hrs. to be used for this Pay Period _____

Workman's Compensation hrs. for this Pay Period _____

Administrative Pay _____

Routing: *White/Yellow = Staff Benefits*
 Pink = Retain in Department