



- Workers' Compensation Absence Form -

Step 1: Absence Notification

Employee Name: _____

Date Reported to Risk Management: _____

Date of Injury: _____

First Day of Absence: _____

Campus: _____

Job Title: _____

Employer ID # (Not SSN): _____

Exempt: Yes No

On the first day of leave, email the Elect Leave Benefits Form and Step 1 of this form to Wallace Vosloh at wallace.vosloh@gccisd.net.

Step 2: Return to Work/Resignation Notification

Return to Work Date: _____ or Resignation Date: _____

If the employee can return to work with restrictions, can your department/campus accommodate restrictions?

Yes No Depends on Restrictions

Once the Return to Work Date or Resignation Date has been determined, complete Step 2 of this form and email to Wallace Vosloh at wallace.vosloh@gccisd.net.