|  |  |
| --- | --- |
|  https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **RECORD OF ATTENDANCE** |

This form must be completed by an employee with a workers compensation claim if they are undertaking partial hours upon return to work and while in receipt of income support payments.

This form must be authorised by the employee’s supervisor.

|  |
| --- |
| **EMPLOYEE DETAILS** |
| **Employee Name**  |  |
| **Academic Unit/Research Institute** |  |

Normal hours worked per week (e.g. 36.75 hrs for full time professional employees)

Normal hours worked per week (e.g. 37.5 hrs for full time academic employees)

**Record of Attendance at Work**

**(when undertaking a partial hours upon return to work)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Saturday(hours worked) | Sunday(hours worked) | Monday(hours worked) | Tuesday(hours worked) | Wednesday(hours worked) | Thursday(hours worked) | Friday (hours worked) | Week ending |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Pay fortnight |

(Indicate if leave other than worker’s compensation leave has been taken in this period, for example, type ‘rec leave’ in the corresponding box/es)

I certify that the above is an accurate reflection of the hours I have worked in the last two weeks.

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Employee Signature** |  |
| **Date** |  |

I confirm that to the best of my knowledge the above is an accurate account of the hours worked by

|  |  |
| --- | --- |
| **Supervisor Name** |  |
| **Supervisor Signature** |  |
| **Date** |  |

**Please complete and email this form to your Return to Work Consultant before end of your pay fortnight**