

University of Hawai'i  
TIME-OFF FOR TREATMENT OF WORK-RELATED INJURY/ILLNESS

An employee returning to duty following a work-related injury/illness who requires follow-up medical treatments shall be provided duty time off to keep such appointments which cannot be scheduled during off-duty hours. Time-off for such treatment is provided only for work-related injury/illness deemed compensable and treatment must be directly related to a specific Worker's Compensation claim. This time-off includes reasonable travel time to and from the medical appointment.

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Part I (Employee-Claimant to Complete)

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Employee-Claimant: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Dept./Div.: \_\_\_\_\_  
Address (Work Site): \_\_\_\_\_  
Work Phone No.: \_\_\_\_\_ APPOINTMENT: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Part II (Supervisor to Complete) On date of appointment, Employee gives to Supervisor to have departure time entered and signed. Employee takes this form to the physician for completion of Part III. Upon Employee's return to work, the Employee must give this form to the Supervisor to have the time returned entered and signed.

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\_\_\_\_\_  
Date & Time Left                      Supervisor's Signature                      Date & Time Returned                      Supervisor's Signature

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Part III (Medical Provider to Complete)

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Medical Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Approximate Time Patient Arrived: \_\_\_\_\_ Completed Treatment at: \_\_\_\_\_  
Brief Description of Treatment Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/Time of Next Scheduled Appointment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date