COLORADO DEPARTMENT OF TRANSPORTATION
WORKER'S COMPENSATION CLAIM STATUS UPDATE (CSU)

Claim Number	Employee LAST NAME, FIRST NAME	Last 4 SSN	PRNR
		xxx-xx-	

Date of Injury (DOI)		Always coded as work time and does not count as an injury leave occurrence
24th hour begins		Coded to the employee's SL, AL, Compensatory time or LWOP
25th hour begins on		Annual Leave Balance ___ as of ___
81st hour begins on		Sick Leave Balance ___ as of ___
90th Occurrence on		FML begins ___ ends ___
Make Whole begins		Pre- Injury Payrate ⊘ YES ☐ NO
MMI		

Occurrence	DATE OF EVENT	Reason	Hours	SUM	NOTE CRITICAL EVENT
1				0	
2				0	
3				0	
4				0	
5				0	
6				0	
7				0	
8				0	
9				0	
10				0	
11				0	
12				0	
13				0	
14				0	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28				0	
29				0	
30				0	
31				0	
32				0	
33				0	
34				0	
35				0	
36				0	
37				0	
38				0	
39				0	
40				0	

Helpful 'REASON' for absence shortcuts:
DR - Authorized Treating Provider (ATP) appointment
DX - Diagnostic appointments (MRI, Lab work, x-rays, etc.)
SP - Speacialist appointments (Orthopedists, surgeon, etc.)
PT - Physical Therapist
OT - Occupational Therapist
OFF - Taken off work due to restrictions
MD - Full Time Modified Duty
PMD - Partial Modified Duty
RTW - Return to Work
LDW - Last Date Worked

41				0	
42				0	
43				0	

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