

# WORK STATUS FAX

DATE : \_\_\_\_\_

TO : Marilyn Verducci  
CCCSIG  
925.692.1143

FROM : \_\_\_\_\_, Claims Coordinator  
\_\_\_\_\_ District

SUBJECT : NEW WC CLAIM INFORMATION REQUEST

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Attached is a **Work Status Slip** for \_\_\_\_\_, Claimant

Work Status:

**Off work:** last day employee worked: \_\_\_\_\_ (date);

- By physician (disability slip attached)
- District unable to accommodate
- Employee opted to use sick leave

**Returned to work on:** \_\_\_\_\_ (date);

- Modified
- Bridge  
Assignment \_\_\_\_\_  
Site \_\_\_\_\_
- Full duty
- Temporary Work Agreement for Work Related Injuries attached