



# TRANSITIONAL DUTY ASSIGNMENT ATTENDANCE REPORT

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hours worked in transitional duty assignment															
Hours off due to illness* (not job-related)															
Hours off for medical appointments due to job-related injury*															
Hours off due to job-related injury, but NOT for medical appointments*															
Holiday off															

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours worked in transitional duty assignment																
Hours off due to illness* (not job-related)																
Hours off for medical appointments due to job-related injury*																
Hours off due to job-related injury, but NOT for medical appointments*																
Holiday off																

**\*NOTE:** Do not use the ESS system. DOC 03-407 Leave Request must be used to submit leave to [DOC LNI PO/Assault](#) while on transitional duty assignment.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for being a Transitional Duty Assignment Supervisor. Sign and send a copy of this report each **pay period** to:

- Local/designated Human Resource Office: \_\_\_\_\_
  Payroll: \_\_\_\_\_
  Roster (custody only): \_\_\_\_\_

Employees must send a copy of this form to Occupational Health and Wellness **ONLY** if they are applying for Loss of Earning Power (LEP) reimbursement.

[DOCOccupationalHealthandWellness@doc.wa.gov](mailto:DOCOccupationalHealthandWellness@doc.wa.gov) Claims Consultant

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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