

Time off for Treatment of Industrial Injury

Dept. Code _____
WC Case No. _____
Soc. Sec. No. _____
BU _____ Time (Hrs) _____
No. of Treatment this month _____

Part I

Employee: _____ Position Title: _____
Department: _____ Division: _____
Island: _____ Work Site Address: _____
Work Phone No.: _____ Appointment: Date: _____ Time: _____
Date: _____ Employee's Signature: _____

Part II

Time Out: _____ Time In: _____
Supervisor Signature _____ Supervisor Signature _____

Part III

Physician: _____ No: _____ Specialty: _____
Address: _____ Phone No.: _____
Approximate Time Patient Arrived _____ AM PM Completed Treatment at _____ AM PM
Treatment Includes _____ X-ray; _____ Lab. Testing; _____ Other (Explain)

Detail treatment provided (Use back for additional space)

Next Scheduled Appointment: Date: _____ Time: _____ AM PM

Date: _____ Physician's Signature: _____

Part I: Employee to Complete
Part II: Supervisor's Signature (Department Representative – determined by department)
Part III: Completed by physician's office.
Personnel: Personnel Office to complete top section and retain copy for file

PROCEDURES FOR THE USE OF THE
TIME-OFF FOR TREATMENT OF INDUSTRIAL INJURY FORM
(DHRD Form 412, Revised 2019)

This form was developed to document all time spent for follow-up treatments by an employee, who previously suffered a work-related injury or illness covered by the Workers' Compensation Law, returns to duty, yet, has a scheduled medical or rehabilitative follow-up appointment during duty hours. Although scheduling of these medical appointments during non-duty hours is recommended, there will be occurrences when the employee can only be scheduled for a medical appointment during duty hours. In such cases, the Time-Off for Treatment of Industrial Injury, DHRD 412 form will be used to verify the duration and type of treatment provided by the physician/or medical provider.

The following procedures will be used whenever employees are scheduled for follow-up medical treatments:

1. When the employee notifies his/her supervisor of a scheduled follow-up medical appointment (must be related to their Workers' Compensation claim for injury or illness) during duty hours, the supervisor or his representative will furnish a copy of the DHRD 412 form to the employee, who will then complete Part I of the form and return it to the supervisor or his representative.
2. On the date of the appointment, the employee, upon his/her departure from their worksite will have his/her departure time entered and signed in Part II by the supervisor or representative.
3. The employee will then proceed to his/her medical appointment, hand-carrying the DHRD 412 form for completion by their physician/or medical provider in Part III.
4. The employee will return the completed form to his/her supervisor or designated representative, who will log in Part II the "time in" and sign.
5. The supervisor or representative will review and study the duration and type of treatment provided by the physician/or medical provider, retain a file copy, and forward original to the personnel office.
6. The personnel office will conduct a thorough review of the form. The physician/or medical provider should be contacted if additional information is needed or if the information appears questionable.
7. The personnel office will complete the top right hand corner of the DHRD 412 and retain the original.

The employee is not charged sick leave, nor is he/she paid Temporary Total Disability/Temporary Partial Disability for time-off for treatment.

Anything longer than two hours for a treatment visit requires an explanation by the treating physician.