Strategic Tracking Employee Pay System (STEPS)

SMU Office of Risk Management
214.768.2807 · fax: 214.768.4138

RISK RESPONSE
SMU RISK MANAGEMENT
www.smu.edu/riskmgmt

Employee Signature	Printed Name	SMU ID

_____ (employee name) is prevented from returning to work as of _____ (date) and is expected to continue through _____ (date). Please attach work status report (DWC 73) and use only the codes as indicated below:

Date:	WC1/Hours:
Date:	WC2/Hours:

Employee Supervisor Signature	Printed Name	Date
Risk Management Representative Signature	Printed Name	Date
Payroll Signature	Printed Name	Date
Benefits Specialist Signature	Printed Name	Date

Reset Form | Save & Print Form

REVISED 2/18/2010