IDAHO WORKERS' COMPENSATION

Employer's Supplemental Report
Restricted Duty Work Hours

- Please use consecutive dates, including dates in which the injured worker may not have worked or have been scheduled to work including weekends.
  *(**Note:** The form will auto-fill consecutive dates from first date entered.)*

- This form should be completed every 14 days while the injured worker is on restricted duty.

Submit by one of these methods:

- Upload completed/signed form to our website at: www.idahosif.org/document/upload
- Email as an attachment to: claimsim@idahosif.org
- Mail to: State Insurance Fund; PO Box 83720; Boise, ID 83720-0044

Claim number: _____ **Claimant name:** _____

Hourly rate of pay: _____ **Date of injury:** _____

Dates for this Period	Restricted Duty Hours Offered	Restricted Duty Hours Worked	If the restricted duty hours worked is less than offered, please explain:
e.g. 01/15/2019	4	3.5	Employee's first day back, tired easily & didn't want to overdo.

Name of owner or employer's representative completing form _____ Phone Number _____

Title _____ Date _____