

**CITY OF FOND DU LAC – INVESTIGATION FOLLOW-UP FORM
(TO BE COMPLETED BY SUPERVISOR AND EMPLOYEE)**

Supervisor Name: _____ Date: _____

Name of Injured Employee: _____ Injury Date/Time: _____

MODIFIED DUTY & LOST TIME FOLLOW-UP *(If not applicable, only fill Corrective Action Follow-Up section)*

Has the employee missed any work time?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, provide dates and details:
Has the employee returned to work?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, provide date returned:
Does the employee have any work restrictions?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, can the department accommodate? What are these accommodations?

APPOINTMENTS	RESTRICTIONS AND PLANNED ACCOMMODATIONS	RETURN TO WORK?
Documentation submitted? Department HR		Next Appt:
Documentation submitted? Department HR		Next Appt:
Documentation submitted? Department HR		Next Appt: (Attach if necessary)

CORRECTIVE ACTION FOLLOW-UP *(If not applicable, only fill Modified Duty & Lost Time Follow-Up section)*

ACTION TO PREVENT (SEE ORIGINAL FORM)	INDIVIDUAL(S) RESPONSIBLE	COMPLETION DATE	COMPLETED?
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Actions taken on recommendations: _____

EMPLOYEE SIGNATURE & DATE _____

SUPERVISOR SIGNATURE & DATE _____