FORM 226
WORKERS’ COMPENSATION HEARINGS

WORKERS’ COMP COMMISSION PERSONNEL COMPLETES:

CLAIMANT’S NAME: ____________________________________________________________

HEARING DATE: _______________ DATE OF INJURY: ______________________________

ARRIVAL TIME: _______________ DEPARTURE TIME: _____________________________

WORKERS’ COMPENSATION DISTRICT #: __________

SIGNATURE: ________________________________________________________________

W/C COMMISSION PERSONNEL

THIS FORM MUST BE SUBMITTED TO KATHY ROULEAU (MC 4035 OR FAX 860-679-4660) IN ORDER TO RECEIVE PAYMENT DIRECTLY FROM THE W/C CARRIER. CONTACT 860-679-4589 WITH QUESTIONS.

EMPLOYEE COMPLETES (CHOOSE ONE BOX ONLY AND COMPLETE):

THIS APPOINTMENT OCCURRED:

☐ BEFORE/AFTER WORKING HOURS (THIS SHOULD NOT APPEAR IN KRONOS; REIMBURSEMENT FOR THE TIME WILL COME DIRECTLY FROM THE W/C CARRIER.)
Appointment plus travel time: ______________________________
(ROUND UP OR DOWN TO NEAREST 15 MIN. INTERVAL)

☐ DURING WORK HOURS:
Appointment plus travel time: ______________________________
(ROUND UP OR DOWN TO NEAREST 15 MINUTE INTERVAL)

☐ PARTIALLY DURING WORKING HOURS AND PARTIALLY BEFORE/AFTER WORK (USE 226 CODING IN KRONOS FOR TIME MISSED DURING WORKING HOURS ONLY. REIMBURSEMENT FOR THE REMAINDER WILL COME DIRECTLY FROM THE W/C CARRIER.)
  • Total number of hours during work (including travel): __________________________
    (ROUND UP OR DOWN TO NEAREST 15 MIN INTERVAL)
  • Total number of hours before/after work (including travel): ______________________
    (ROUND UP OR DOWN TO NEAREST 15 MIN INTERVAL)

HR COMPLETES:

NUMBER OF HOURS: ___________ HOURLY RATE: ________ EMPLOYEE ID: __________

ADJUSTER: __________________________

REV. 4/2/13