

INSTRUCTIONS: Employee and Supervisor should complete this form as soon as possible after injury and forward to the Office of Human Resources. Employee must obtain treatment from an employer approved medical source if claim is being submitted under Workers' Compensation.

PERSONAL INFORMATION			M #	Social Security #	
1. Name (Last) (First) (Middle)		2. Birthdate		3. Marital Status	
4. Home Address (Street) (City) (State) (Zip)				5. Home Phone	

EMPLOYMENT DATA					
6. Job Title		7. Department		8. Supervisor / Phone Extension	
9. Date Employed		10. Months in Present Position		11. Days Worked per Week	
12. If Hourly Employee: Hourly Rate _____ Average Hours per Week _____					

INJURY INFORMATION					
13. Date of Accident		14. Time of Accident a.m. p.m.		15. Time Work Began on Injury Date a.m. p.m.	
16. Do you plan to obtain medical treatment? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give medical source					
17. Give specific campus location of accident					
18. Name witnesses present					
19. Describe how injury occurred (What were you doing?)					
20. Name the object or substance which directly injured you					
21. Describe nature of injury and part of body affected					
22. Did injury cause loss of time? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give date(s) and hours lost					
23. Describe any unusual circumstances surrounding the accident					
_____ Employee's Signature				_____ Date of Report	

SUPERVISOR COMMENT SECTION					
24. Date accident was reported to you			25. Time Reported a.m. p.m.		
26. Was employee at regular task? <input type="checkbox"/> yes <input type="checkbox"/> no			27. Was weather a factor? <input type="checkbox"/> yes <input type="checkbox"/> no		
28. Was proper safety equipment used? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not applicable					
29. What could the employee or the university have done to prevent the injury?					
_____ Supervisor's Signature				_____ Date	
<input type="checkbox"/> Human Resources		<input type="checkbox"/> Safety & Transportation		<input type="checkbox"/> Taylor Health & Wellness Center	