

ACCIDENTS: EMPLOYEE ON-THE-JOB

All supervisors of employees shall inform all employees under their supervision that they must report to their immediate supervisor (or have a witness report to the supervisor) and to the District Office of Human Resources any accident they sustain while on the job.

If an on-the-job accident occurs (either on school property or on school business) to any school employee who is under your supervision, please follow these procedures:

1. Report the accident (the day it occurs) to the District Office of Human Resources.
2. Give name of victim, time, place of accident and list any witnesses.
3. Give brief description of how accident happened (indicate left, right, side of body part injured or exposed).
4. The injured employee must file a written report at the District Office of Human Resources within 24 hours of the accident.

Employee Name: _____ Location of Accident and Campus: _____

Employee's Date of Birth _____ Spouse's Name: _____

Date and time of Accident/Incident: _____ A.M. P.M.
Date Time

Supervisor name, notification date and time: _____ A.M. P.M.
Name Date Time

Description of how accident/Incident happened: (Use back side for additional writing space if needed)

Part of the body injured: (specify left or right side) _____

List Witnesses _____

Employee Signature: _____

Work Comp Injuries require you to see a doctor that accepts Work Comp Insurance – List on Frenship website.

If any questions call Pat Valdez at 866-9545 ext. 265.