

GREENDALE SCHOOL DISTRICT
Employee Statement and Report of Injury

All Employees injured on the job should call and report the injury to SFM, 855-675-3501.

The Greendale School District is required to notify its insurance company of a reportable employee injury within 24 hours of its occurrence. Therefore, promptly complete this statement, obtain the required signatures, and forward it to the Payroll and Benefits Office.

Name _____ **Position** _____

Location _____ **Start time** _____ **End time** _____

Date you are completing this form _____

Date of injury _____ **Time of injury** _____

Location within or outside building where injury occurred _____

1. What specific function/task were you performing when the injury occurred?

2. What, if any, equipment or other item was being used at the time the injury occurred, or caused or contributed to your injury?

3. What specific side of and part of your body was injured (i.e. left index finger, right knee)?

4. Names of those who witnessed your injury: _____

5. Circle the type of injury: New Injury Re-Injury Prior Work-Related Injury

If a re-injury or prior work-related injury, when and where did the initial injury occur?

6. Did you receive medical attention or treatment? _____ **If yes, date and time** _____

If yes, name and address, or general location, of provider _____

If no, do you plan to? _____ Explain why or why not _____

- Copies of all documentation received for **initial, follow-up, and/or delayed medical attention or treatment must be forwarded to the Payroll and Benefits Office on or before the day you return to work**, and through the period of your unrestricted release from a physician's care.

Please sign, date, and route this statement and report as indicated below.

Employee Signature

Date Signed

- ***Buildings and Grounds and Food Service Staff*** – submit to the Buildings and Grounds Supervisor/Food Service Director for signature
- ***Teachers, Aides, and Administrative Support Staff*** – submit to your building principal for signature
- ***Central Office Staff and District Administrators*** – submit directly to the Payroll and Benefits Office

I have reviewed and discussed this statement and report of injury with the employee. I believe:

_____ There were no unsafe conditions that caused or contributed to this injury

_____ The following conditions may be unsafe, may have caused or contributed to this injury, and should be reviewed by Business Services for possible corrective action:

Supervisor/Principal Signature

Date Signed

RETURN TO THE PAYROLL AND BENEFITS OFFICE