

SPENCERPORT CENTRAL SCHOOLS

Employee Accident Report Form

This form is to be filled out when an employee has been injured on school property. Please answer all questions fully and carefully.

Employee Name _____ Building/Dept. _____

Home Address _____

Full or part-time employee _____

Occupation _____

Date of injury _____ Time of injury _____ Time began work that day _____

Nature of injury (Specify left or right if applicable) _____

Place where accident occurred _____

How was accident sustained? _____

Name of supervisor _____ Date notified of injury _____

Was medical attention provided by employer? Yes No (circle one)

Was employee treated in an emergency room? Yes No

Was employee hospitalized overnight as an in-patient? Yes No

Name and address of doctor/hospital _____

Has employee returned to work? _____ If yes, give return date _____

Please sign and route as follows:

Report completed by _____ Date _____

Building nurse (if applicable) _____ Date _____

Building principal/Supervisor _____ Date _____

Please submit all copies to the Human Resources Office