Sequoia Union High School District

Supervisor's Report of Employee Injury

Employer: Please complete this form in its entirety and submit to the D.O.

INJURED EMPLOYEE'S PERSONAL INFORMATION		
Injured Employee's Full Name:		
Title:	Age:	
Date of Injury:	Time of Injury:	
Date Reported:	Time Reported:	
Accident Location:		
Did injured employee leave work? Yes ☐ No ☐	Date:	Time Reported:
Did injured employee return to work? Yes ☐ No ☐	Date:	Time Returned:
Type of Injury:		
Medical Facility:		

1. Describe how the injury occurred: _____

_____

_____

2. Name of witness(es), if applicable: _____

_____

3. What steps have been taken to prevent similar injuries?: _____

_____

_____

Supervisor's Name: _____ **Title:** _____

Supervisor's Signature: _____ **Date:** _____