DEARBORN PUBLIC SCHOOLS
18700 Audette
Dearborn, MI 48124

EMPLOYEE REPORT OF INJURY

PLEASE WRITE LEGIBLY AND ANSWER ALL QUESTIONS. DO NOT USE PENCIL. COMPLETE BOTH SIDES OF FORM.

Date of Report ______________________

Employee Name ____ Social Security No. ______________________

Address ____
Street Address City State Zip

Phone Number _______________________ Date of Hire ________________ Birthdate ____________________

Marital Status __________ Male _____ Female _____ Time employee reported to work ____________ am pm

No. Hours Worked per day __________ Date of Injury _____________________ Time of Injury __________ am pm

School/Department _________________________________ Occupation ________________________________

Location of Accident _________________________________ Specific Location ____________________________

Describe Incident, please be specific ____

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Describe Injuries ____

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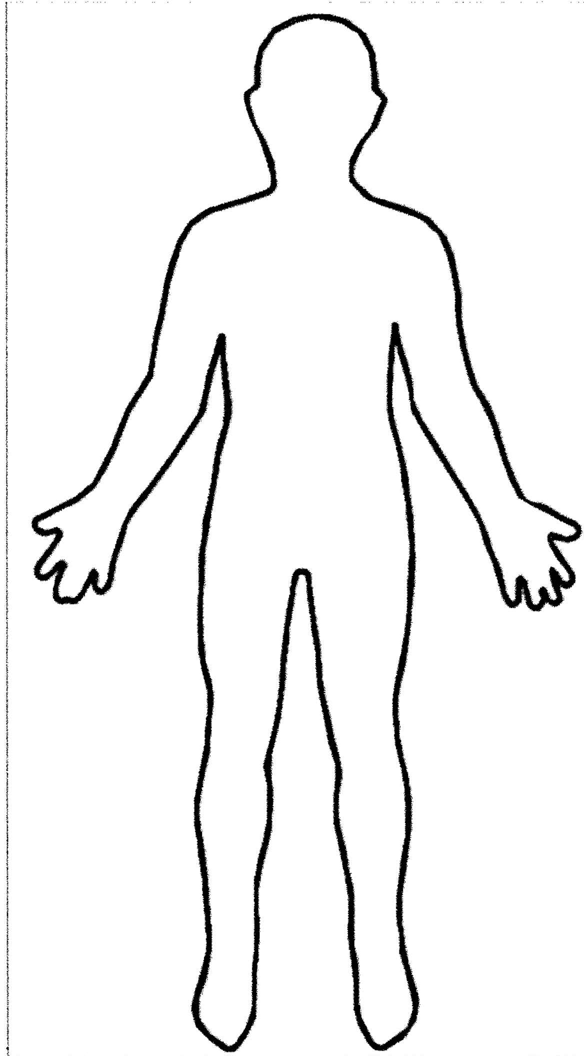
Employee's Signature ____________________________ Supervisor's Signature ____________________________

Witness ______________________________________ Supervisor's Phone No. _____________________________

If no time was lost, please check here __________ **If you are not going to the clinic, please initial here ______**

PLEASE READ THE FOLLOWING CAREFULLY: This injury report must be received by Pam Miller, Director of Payroll & Benefits within 24 hours of injury. If form is emailed or faxed, original must be sent to Pam Miller as well. It is the responsibility of the injured employee to report any accident/injury to his/her supervisor and fully complete this form. Employees are REQUIRED to treat at one of the approved medical facilities within 24 hours of the injury. Treatment must continue at the approved medical facility for the first 28 days after injury. Any employee who chooses to treat with his/her personal physician for the first 28 days will not be reimbursed for medical expenses. If employee chooses to change physicians after 28 days, Pam Miller must be notified at 313-827-3101.



Please indicate the body part(s) injured.

PLEASE PROVIDE ADDITIONAL INFORMATION IF NECESSARY:

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