

Received in HR _____

EMPLOYEE'S ACCIDENT/ILLNESS REPORT

Employee Name _____ **Age** _____ **Gender** _____

Job Position/Title _____ **SS#** _____

Days Worked _____ **Shift Hours** _____

Marital Status _____ **Number of Dependents** _____ (Children under 18)

DATE & TIME of Accident/Illness _____ **Location** _____

Last Work Date _____ **Date Returned to Work** _____

Supervisor's Name _____ **Date Dept. Head Notified** _____

Name(s) of Witness(es) _____

Describe how the accident/illness occurred & specific activity engaged in _____

What part of the body was injured?

Describe the injuries/illness in detail

Date & Time you first sought medical attention

Name of doctor and/or hospital

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____