

TAYLOR SCHOOL DISTRICT
SUPERVISOR'S/EMPLOYEE'S REPORT OF ACCIDENT

All questions must be answered and this report must be signed by both the supervisor and the employee. All on the job injuries are to be reported no matter how minor. They should first be called into the Financial Services Office at (734) 374-1200 extension 10106 and followed up immediately with this report.

This form must be used to report any accident or serious illness. This report should be completely filled out on the day the accident occurs, signed by his/her supervisor and faxed to (734) 374-0375.

Injured Employee: _____ Social Security #: _____
Last Name First Name Initial

Address: _____ Telephone #: _____
No. and Street City State Zip

Birthdate: _____ Sex: ☐ M ☐ F Marital Status: _____

Check your tax filing status: ☐ Single ☐ Single, head of household ☐ Married, filing joint ☐ Married, filing separate

Number of dependents: _____ Date of Hire: _____ Date of injury: _____

Last day worked: _____ Expected date to return to work (if known): _____

Time of accident: _____ Time shift began: _____

Witnesses: _____

Did employee go to school district authorized clinic? ☐ Yes ☐ No

Was an ambulance called? If so, what hospital were they sent to?

Describe injury: _____
Name Address City

How did the accident happen?

Unsafe conditions present:

If this is a compensable claim do you wish to supplement your Worker's Compensation check with your available bank days?
☐ Yes ☐ No

Occupation of injured employee (be specific): _____

Building: _____ Department: _____ Supervisor's Name: _____

Form completed by: _____ Supervisor's Phone: _____

Supervisor's Signature _____ Date _____ Employee's Signature _____ Date _____