

FUSD CLAIM # _____
POLICE RPT# _____

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FUSD EMPLOYEE INJURY REPORT

TO BE COMPLETED BY EMPLOYEE

School: _____

Employee Name: _____ Today's Date _____

Home Address: _____

City _____ State _____ Zip Code _____

Date of Injury: _____ Time of Injury _____ a.m.
p.m.

1. Address and description where the incident occurred

2. Were you injured?

3. Describe your injury and part of body affected

4. Do you require medical attention _____

5. What facility will you be going to for medical treatment _____

Supervisor's Signature _____ Date _____

Please forward completed form to the Risk Management department for further processing.