

District Name: Granbury ISD

EMPLOYEE REPORT OF INJURY INCIDENT

PRINT all information on this form.

This checklist is to be completed by the INJURED EMPLOYEE with assistance from his/her immediate supervisor as necessary.

This packet is VERY TIME SENSITIVE.

All forms in this packet should be completed the same day that the incident occurs - NOT LATER than 24 hours after the occurrence.

The completed form should be signed by the injured employee and the supervisor.

This form must be included in the Incident Investigation Packet submitted to *SchoolComp*.

SECTION I: EMPLOYEE PERSONAL INFORMATION

First Name, Middle Initial, Last Name				SS#		
Male	Female	Date of Birth (Mo, Day, Yr)		Married	Single	Divorced
Ethnicity: (Hispanic, Native American, Other)		Race: Asian, Black, White			Home Phone #	
Home Address:				Cell Phone #		
Spouse=s Name:		Email Address:		# Dependent Children:		

SECTION II: INJURY INCIDENT INFORMATION

Work Location		Job at Time of Incident	
Date of Hire	Work Phone #	Best Time to Call:	
Date of Incident (Month, Day, Year)	Day of Week (Mon, Tue, Wed....)	Time of Day	9 AM 9 PM
Exact Location of Incident (Football field, classroom, cafeteria, etc. Please be specific)			
<u>Detailed</u> Description of Incident (In Your OWN Words) :			
Print Name of Supervisor			
Specific Body Part Injured: (Left leg, right hand, etc. Please be SPECIFIC)			
Names of ALL Witnesses			
Did you seek treatment from a clinic, hospital, or doctor for this injury?		9 Yes 9 No	When?
Name of Treating Physician		Physician=s Phone #	
I hereby certify that the above information is true and correct to the best of my knowledge. I authorize any and all providers of medical treatment deemed necessary in regard to my reported occupational injury or illness to release any medical information acquired in the course of my treatment to my employer and Creative Risk Funding, Inc.			
Employee Signature		Date	
Supervisor Signature		Date	

SchoolComp - Self Insured Workers= Compensation Program
Administered by **Creative Risk Funding, Inc.**
6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093
Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700