SUNY ONEONTA EMPLOYEE INJURY REPORT

Employee completes Section 1 & 2 to the best of his/her ability. After signing, forward to supervisor. Supervisor completes Section 3.

EMPLOYEE'S PERSONAL INFORMATION	SECTION 1
Name	Date of Birth
Mailing Address	Social Security Number (last four digits) XXX-XX-
	Home Phone
INFORMATION REGARDING INJURY/ILLNESS	**SECTION 2**
Where did the incident happen?	Incident number (from NYS Accident Report System):
What were you doing when incident occurred?	Date of Injury:
How did the injury/illness happen?	Time of Injury: ☐ AM ☐ PM
What object caused the injury/illness?	Time began work: ☐ AM ☐ PM
Any other contributing factors?	Body part affected: (indicate left or right when appropriate)
Employee Signature Date	Any witnesses? If yes, please list:
SUPERVISOR'S STATEMENT	**SECTION 3**
Date notified of injury:	Did you witness the injury?
Did employee seek medical attention?	If yes, where?
Did employee stop work because of injury/illness?	If yes, on what date?
Supervisor's Signature Date	Return to work date:

After completing Section 3, Supervisor should forward form to the Office of Human Resources Room 212 Netzer Bldg.

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