

MUSIC WORKERS' COMPENSATION REPORTING LINE
1-888-256-4919
CLAIM/INJURY REPORT
INTERNAL FORM

Complete all fields to the best of your ability and forward to Human Resources as soon as possible

LOCATION: School District/Community College Name & MUSIC District "D"# 186

DEPARTMENT CODE: S101 Teacher S102 Clerical & Admin. S103 Maintenance
S104 Custodial S105 Bus Driver S106 Mechanic S107 Food Service

EMPLOYEE INFORMATION:

SSN: _____ **NAME:** _____

PHONE: (Home) _____ (Work) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DOB: _____ **MARITAL STATUS:** _____ **SEX (M/F):** _____

TITLE: _____ **STATUS:** FULL/PART TIME _____ **WAGES:** N/A

OCCUPATION: _____

DATE OF INJURY: _____ **TIME OF INJURY:** _____

DATE EMPLOYER NOTIFIED: _____ **TIME NOTIFIED:** _____

HOW DID INJURY OCCUR? _____

BODY PART INJURED: _____ **NATURE OF INJURY:** _____

WITNESS INFORMATION: _____

DID INJURY OCCUR ON EMPLOYER PREMISES? Y/N _____

If so, what area on campus?

HAS EMPLOYEE RECEIVED MEDICAL ATTENTION? Y/N _____

DR. NAME & ADDRESS: _____

HOSPITAL NAME, ADDRESS, PHONE: _____

Employee E-mail: _____

Date of Hire: _____

Rate of Pay: _____

Supervisor Name, Title, Phone Number: _____