

**HOOVER CITY SCHOOLS  
2810 METROPOLITAN WAY  
HOOVER, AL 35243  
205.439.1000**

**EMPLOYEE ON-THE JOB INJURY REPORT**

1. Name of Injured Employee (Please print) (Last) (First)		2. Social Security Number	3. Date of Birth	4. Sex ____ M ____ F
5. Home Address		6. Telephone Number Home ( ) Work ( )	7. Job title	8. Status Full Time ____ Part Time ____
9. Employing Agency Hoover City Schools		10. Agency Address Hoover City Schools 2810 Metropolitan Way Hoover, AL 35243		
11. Date of Injury ____ / ____ / ____	12. Time of Injury ____ : ____ am ____ pm	13. Date Employer Notified ____ / ____ / ____		
14. Is employee covered by medical insurance? ____ Yes ____ No  If yes: ____ Blue Cross/Blue Shield ____ Other		15. Name and address of attending physician		
16. Name and address of medical facility where treated  Hospitalized ____ Outpatient ____ Emergency Treatment ____		17. City or town where injury occurred	18. Location or School where injury occurred	
19. Describe fully what happened to cause the injury (Attach additional documentation if needed):				
20. Describe the injury in detail and indicate the body part(s) affected:				
21. Were there any witnesses to the injury? ____ Yes ____ No (If yes, give name and contact information)				
22. Was employee able to return to work? ____ Yes ____ No				
23. I am aware that I must talk with my principal/supervisor if I miss work due to this injury and submit this report within 24 hours of the injury. I am aware that the statute of limitations for filing an injury claim with the Alabama State Board of Adjustment is one year from the date of the injury. I understand filing a false injury claim may disqualify me from receiving benefits/compensation and all injury reports are subject to an investigation.				
Signature of Injured Person		Print Name	Telephone Number	Date
24. Signature Verifications				
Signature of Supervisor		Print Name	Telephone Number	Date
Signature of Witness		Print Name	Telephone Number	Date

\*Form is not valid without all signatures

updated 07/2022