

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

UNSAFE AND/OR UNHEALTHFUL CONDITIONS NOTIFICATION

This form is to notify the District of an unsafe and/or unhealthful working condition. After completing and signing this form, submit it to WMcCoy@hlpusd.k12.ca.us

1. Employee's Name: _____

Classification: _____

Work Location: _____ Phone/Ext. _____

2. Location where unsafe and/or unhealthful condition is believed to exist:

Site/Facility/Department: _____ Room # _____

Address: _____

Administrator/Supervisor in charge of area: _____

3. Describe briefly the unsafe and/or unhealthful condition(s) which you feel exist(s):

4. I hereby certify, to best of my knowledge, that the above is true and correct.

Signature

Date

FOR OFFICE USE ONLY

Comments/Responses: _____

White - Employee Canary - Supervisor Pink - Personnel Services Goldenrod - CSEA