

**Superintendent  
Lee W. Loving**



**1155 N 3<sup>rd</sup> Avenue  
Stayton, Oregon 97383**

**Phone: 503.769.6924  
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**FORM- OTJ12 – Forward to Human Resources**

\_\_\_\_\_ was injured on the job on \_\_\_\_\_ .  
Employee's Name Date of Injury

The employee made these comments: \_\_\_\_\_

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\_\_\_\_\_ Employee did not leave work, nor go to the doctor

\_\_\_\_\_ Employee went home because of injury but did not see the doctor

\_\_\_\_\_ Employee went to see the doctor

\_\_\_\_\_  
Signature of Office Manager/ Office Spec. / Supervisor

\_\_\_\_\_  
Date

cc: Safety & Security officer