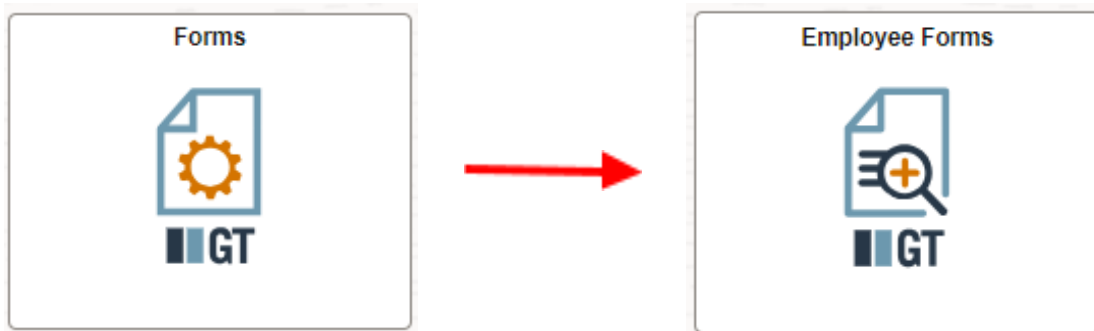


Finding the e-Form

1. Login to Employee Self Service. [Login here](#)



Employee Forms	
 View an Employee Form	Search by:
 Update an Employee Form	Form ID Begins With
 Evaluate an Employee Form	Form Type Begins With
 Demographic Questionnaire	Form Status is Equal To
 Hourly Supplemental Pay Form	Employee ID Number Begins With
 Leave of Absence Form	Original Operator Begins With
 National Board/CCC/LICSW Form	Original Date is Equal To
 Policy Acknowledgement Form	Search Clear Save Search
 Resignation Form	
 Sick Leave Bank Form	
 Summer Pay Option Form	
 Supplemental Pay Form	
 First Report of Injury Form	

Personal/Job Information

1. If you are completing this form for yourself your personal information will auto populate.
2. Only clerks and supervisors will see the slider.
Clerks can file an e-Form for an employee at their school.
Supervisors can file an e-Form for a direct report.
3. Please include a **personal phone number**. If you file a claim, this is the number your claims adjuster will call to help you coordinate medical care.
4. Clerks and Supervisors can enter an employee ID here and that person's information will populate the form.
5. Please include a **personal phone number**. If you file a claim, this is the number your claims adjuster will call to help you coordinate medical care.

 Add a First Report of Injury : First Report of Injury Form ID 738684 (NEW)

Please note that all fields/questions with an asterisk (*) by them are required fields and must be filled out.

Job/Personal Information

Are you completing this form for yourself based on your injury? ☒ Yes ☐ No

Empl ID 534304 Clerk,Test ((Test))

National ID 123456789

Address Line 1 1 Main Street

Address Line 2

City Our Town

State MN

Postal Code 55555

Date of Birth 01/16/1982

Gender Female

Marital Status

*Telephone

Injury Information

 Add a First Report of Injury : First Report of Injury Form ID 738684 (NEW)

Please note that all fields/questions with an asterisk (*) by them are required fields and must be filled out.

Personal Information

*Empl ID

National ID

Address Line 1

Address Line 2

City

State

Postal Code

Date of Birth

Gender

Marital Status

*Telephone

Job Code

Union Code

Hourly Rate 0.000000

Last Start Date

Injury Information

1. All questions labeled with an asterisk are required.

2. For the question "Did you, Are you/ Will you receive care for the injury" If you keep it toggled on "No" that means that SPPS **will NOT** file a claim for your injury. If you decide later to seek medical care you can send an email to workcomp@spps.org and request that a claim be filed for your injury.

3. If your injury occurred on work property toggle the bar over to YES and click on the magnifying glass and select the work property where you were injured.

4. If your injury occurred offsite, for example during a field trip, you will be required to include the name and address.

5. Tell us how the injury/illness occurred. **Do NOT** include student information. Keep statements brief yet descriptive.

6. If the answer to either of these two questions is Yes - toggle the slider to yes and answer the questions.

Injury Information

*Date of Injury

*Time Employee began work on date of injury (please use format: example - 8:00am)

*Time of Injury (please use format: example - 8:00am)

*Did you / Are you/ Will you receive care for the injury? ☐ No

*Extent of Medical Treatment:

*Did the injury occur on work property? ☐ No

*Name and address of the place of the offsite injury.

*Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Example: "Worker slipped on icy sidewalk and fell to ground, suffered sprain on right hand"

*What was the injury (include part(s) of the body)? Examples: "Chemical burn on left hand" "Broken left leg" "Bite with broken skin on right arm" "carpal tunnel in right wrist"

*What tools, equipment, machines, objects, substances, or human actions were involved? Examples: chlorine, hand sprayer, forklift, computer keyboard, struck by human

*Will employee lose any work time (1 hour or more) due to the injury/illness? ☐ No

*Will the employee have restrictions upon returning to work? ☐ No

Date of death:

Admin Use Only - Read Only

- The next section is for your information only. Nothing is required.
- This last section has a place to attach relevant documents and upload them to your form. Once you are done **click submit.**

File Attachments

If you have any supporting documentation that you would like to include (i.e. Doctor's Note, witness statement, etc.), please attach it here.

1 row

Status	Upload	Description ↑↓	File Name ↑↓	Delete
1	<button>Upload</button>			<button>Delete</button>

Add

Submit

Notices:

- You will get an error message if you leave required fields blank. You will be directed to fix your errors and submit again.
- After you click submit you will get an automated message from PeopleSoft.
- Your supervisor will also receive an automated message including the date of injury and a brief summary of the injury.
- If the injury requires medical care, then you will receive another email with claim information.

Please email workcomp@spps.org with any questions.

View your e-Form

Employee Forms

View an Employee Form

Update an Employee Form

Evaluate an Employee Form

Demographic Questionnaire

Hourly Supplemental Pay Form

Leave of Absence Form

National Board/CCC/LICSW Form

Policy Acknowledgement Form

Resignation Form

Summer Pay Option Form

Supplemental Pay Form

First Report of Injury

Search by:

Form ID

Begins With

Form Type

Begins With

injury

Form Status

is Equal To

Employee ID Number

Begins With

Original Operator

Begins With

Original Date

is Equal To

Search

Clear

Save Search

	Form ID ↑↓	Form Type ↑↓	Form Status ↑↓	Employee ID Number ↑↓	Original Operator ↑↓	Original Date ↑↓
1	704161	INJURY	Pending	415532	415532	2024-02-06
2	704681	INJURY	Pending	417158	417158	2024-03-14

You can view your e-Form to see where it is in the approval process.