



EMPLOYEE ACCIDENT REPORT

If you have any questions concerning this employee accident report, please contact your director or Kari Killman at Kkillman@usd375.org or 316.541.2577.

EMPLOYEE INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Name	Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	Social Security Number	Telephone #
<input type="text"/>	<input type="text"/>	
City, State, Zip Code	Job Title	

ACCIDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Injury	Time of Injury	Shift Start Time on Day of Injury
<input type="text"/> What type of injury did you sustain? <ul style="list-style-type: none">Contusion, laceration, burn, etc.		<input type="text"/> What body part was affected?

In your own words, please describe what happened:

<input type="text"/>	<input type="text"/>
Employee Signature	Date