Edustaff

AmTrust policy #: MWC1040642

FIRST REPORT OF INJURY

Date of report:	Date notified employer:
Date of injury:	Time of injury: ◯ AM ◯ PM

EDUSTAFF EMPLOYEE INFORMATION

Employee name (First Middle Last):		
SSN:	DOB:	Sex: ◯ M ◯ F
Address (number and street):		
City:	State:	ZIP code:
Phone number:	Email:	Hire date:

Job type:

◯ Administrative ◯ Childcare ◯ Early Childhood ◯ Non-Athletic Coach ◯ Parapro/ Sub Para ◯ Teacher/ Sub Teacher

◯ Aquatics ◯ Coach ◯ Food Service ◯ Non-Classroom Aide ◯ Security ◯ Technology

◯ Athletics ◯ Custodial ◯ Interventionist ◯ Other Support Staff ◯ Special Education ◯ Transportation

◯ Other (if other, please write in correct job type):

Pay frequency: ◯ Weekly ◯ Biweekly ◯ Semi-monthly ◯ Bulk seasonal

◯ Other (if other, please write in correct pay frequency):

INJURY REPORT INFORMATION

Job location:	District:	
Injury location (if not the same as job location):		
Address (number and street):		
City:	State:	ZIP code:
Assignment start time: ◯ AM ◯ PM	Assignment end time: ◯ AM ◯ PM	
Witness(es) to injury:	Witness phone number(s):	
Explain how the injury occurred:		
Part(s) of the body injured:		
Last day worked:	Is there likely to be missed work time? ◯ Yes ◯ No ◯ Unknown	
Was the injury fatal? ◯ Yes ◯ No	If yes, date of fatality:	

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MEDICAL TREATMENT

THIS MUST BE COMPLETED BEFORE SUBMITTING.		
Did or will the employee seek medical treatment? ◯ Yes ◯ No ◯ Is going to be seen ◯ Evaluated by school nurse only		
Name of medical facility:	Date of treatment:	
Address (number and street):		
City:	State:	ZIP code:
Phone number:	Fax number:	
Other information:		

DISTRICT INFORMATION

THIS MUST BE COMPLETED BY A DISTRICT EMPLOYEE BEFORE SUBMITTING.	
District employee/ supervisor- printed name:	
District employee/ supervisor- SIGNATURE:	
Title:	Date:
Phone number:	Email:
Additional feedback:	

Please return **both completed pages** via a single PDF attached to an email to Edustaff Human Resources at humanresources@edustaff.org. Thank you!

EMAIL FORM

By clicking the EMAIL FORM button, a new email will open to HumanResources@edustaff.org with the form included as a PDF attachment.

RESET FORM

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