

**Minford Local School District
Employee Injury/Accident Report**

Name of Employee _____ Date of Report _____

Employee Address _____

Home Phone # _____ Date of Birth _____ Sex: _____ M _____ F

Social Security # _____ Married _____ Y _____ N # of Dependents _____

Regular Work Hours _____ to _____ Wage Rate: _____ per hour Date Hired: _____

Date, Time and Place of Accident _____

State briefly, but completely, what happened _____

List witnesses _____

Description of injury _____

Description of first aid rendered _____

By Whom rendered _____

Date last worked _____ Date returned to work _____

Employee Signature

Supervisor's Signature