

# Marshall County Schools Employee's Report of Injury

On \_\_\_\_\_ at about \_\_\_\_\_, I was injured when I  
*date* *time of day*

\_\_\_\_\_  
*describe injury*

\_\_\_\_\_

\_\_\_\_\_

The incident was witnessed by \_\_\_\_\_  
*name of individual(s) who saw incident*

\_\_\_\_\_

Employee Name : \_\_\_\_\_  
*(please print)*

Time Employee began work on date of injury: \_\_\_\_\_ am \_\_\_\_pm

Did employee seek outside medical treatment? \_\_\_no  
\_\_\_ yes - \_\_\_\_\_  
*(please list where, ex: Reynolds Hosp)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Reported

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Received

Please report/submit to supervisor within 24 hours of injury. Supervisor is to submit form immediately to County Office. Thank you.

Revised 4/09