

Employee's Report of Work-Related Incident, Injury, or Illness

If you become injured on the job or ill because of your work, you must notify your supervisor immediately. Your supervisor or Workers' Compensation staff will provide you with this Incident/Injury/Illness form before the end of your shift - **review it with your supervisor.**

Option 1: DOCUMENTATION ONLY - No Treatment Required by Physician

Employee - **Complete only this form** and mark "report only" below, submit to Workers' Compensation in **HUMAN RESOURCES, ADM 252**, email to workerscomp@sfsu.edu, or Fax to HR at 415-338-0521.

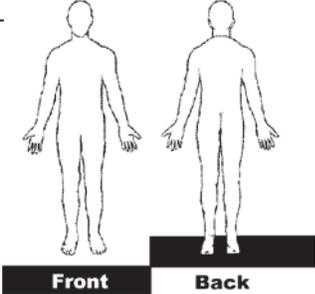
Option 2: Instructions for MEDICAL TREATMENT REQUESTED

Employee - **Complete this form and the Work Comp Claim Form DWC-1**, submit to Workers' Compensation in **HUMAN RESOURCES, ADM 252**, email to workerscomp@sfsu.edu, or Fax to HR at 415-338-0521.

SECTION 1-EMPLOYEE

Full name of employee _____	Employee ID number _____	Date and time of injury or onset illness _____
Work phone number _____	Work schedule (EX: MON-FRI, 7:00AM TO 4:00PM) _____	Employee Working Title _____
Home/cell phone number _____	E-mail address _____	Department _____
Is this a report only? Yes ____ No ____ Are you requesting medical treatment beyond first aid? Yes ____ No ____ (NO additional medical treatment requested)		

SECTION 2-EMPLOYEE

Specific location where event or exposure occurred (EX: Humanities, Room 101) _____	 <p>Front Back</p>
If location is not on SF State's premises, please provide address _____ _____	
Specific injury/illness, and list the body part(s) of body affected _____	
Specify how this injury/illness/incident occurred (EX: Missed last step entering basement and twisted ankle) _____ _____	
Specify job or task you were performing when injured or became ill (EX: Preparing to paint stairwell.) _____	
Specify any objects or substances that may have contributed to or caused the injury/illness/incident. _____ _____	
Was anyone with you when this injury/illness occurred? If yes, please provide their name and contact info. _____ _____	
Additional employee comments? _____ _____ _____	
Employee signature _____	Date _____



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