

FIRST REPORT OF INJURY

	/ Time of Injury:: AM/PM (circle one
EDUStaff Employee Informa	tion:
Employee Name (Last, First, M	fiddle):
SSN:	DOB:/ Sex: M/F (circle one
Address (Number & Street): _	
	State: Zip:
City:	
•	Hire Date:/
Phone Number: Job Title:	·
Phone Number: Job Title: Injury Report Information:	Hire Date:/
Phone Number: Job Title: Injury Report Information: Job Location:	Hire Date:/
Phone Number: Job Title: Injury Report Information: Job Location: DISTRICT:	Hire Date:/
Phone Number: Job Title: Injury Report Information: Job Location: DISTRICT: AM/PN	Hire Date:/
Phone Number: Job Title: Injury Report Information: Job Location: DISTRICT: AM/PN	Hire Date:/
Phone Number: Job Title: Injury Report Information: Job Location: DISTRICT: AM/PN Address (Number & Street): City:	Hire Date:/





Innovative Substitute Staffing Solutions for a Better Classroom

TC 1 . C /	,	ne)
If yes, date of treatment:/_	•	
Name of treatment facility:		
Address (Number & Street):		
City:	State:	Zip:
Restrictions:		
District Information:		
District Information: Building Supervisor:	(printed name	and signature)
District Information:	(printed name	

Please return via email to Julie Powers <u>jpowers@edustaff.org</u> or via fax to 877-974-6339. Thanks!