rae wys	One Purpose. Your	Pathway.	. Our Pr
ان PERSONNEL A	CCIDENT REPORTING FORM 2023-	2024	
	to the Office of Personnel/Human Resource ing any work-related injury/accident.	s immediately	
EMPLOYEE'S FULL NAME:			
ADDRESS:	PH: DATE OF ACCIDENT:		
DATE OF BIRTH:	DATE OF ACCIDENT:		
JOB TITLE:	TIME START WORK:	AM	_ PM
BUILDING:	TIME OF ACCIDENT:	AM	_ PM
WHERE DID ACCIDENT OCCUR: (E	EX: High School, Hallway)		
	: (EX: Laceration, left hand)		
THE OF INJUKI AND DODI TAKI	. (EA. Laceration, tejt nunu)		
	ipped and fell)		
WITNESSES, NAME		DU	
NAME		PH	
EMPLOYEE SIGNATURE	D	АТЕ	
All work-related accidents/injuries requ If accident/injury occurs outside nurse':	nire evaluation at the time of accident by the s normal working hours, please report to yo nool nurse the next business day. She will for	our direct supe	rvisor
All work-related accidents/injuries requ If accident/injury occurs outside nurse's mmediately, and follow up with the sch	s normal working hours, please report to yo	our direct super sward report to	rvisor o Superviso
All work-related accidents/injuries requ If accident/injury occurs outside nurse': immediately, and follow up with the sch FIME SEEN: AM P	s normal working hours, please report to yo nool nurse the next business day. She will for	our direct supe ward report to DED:	rvisor o Superviso
All work-related accidents/injuries requ If accident/injury occurs outside nurse': mmediately, and follow up with the sch FIME SEEN: AM P SCHOOL NURSE, SIGNATURE:	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVII	our direct super ward report to DED:	rvisor o Superviso
All work-related accidents/injuries requ If accident/injury occurs outside nurse': immediately, and follow up with the sch FIME SEEN: AM P SCHOOL NURSE, SIGNATURE: MEDICAL TREATMENT: Docto	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVID DA DA or's office ( ) ER/Immediate Care Ce	our direct super ward report to DED:	rvisor o Superviso None ( )
All work-related accidents/injuries requ If accident/injury occurs outside nurse's immediately, and follow up with the sch TIME SEEN: AM P SCHOOL NURSE, SIGNATURE: MEDICAL TREATMENT: Docto FACILITY/PHYSICIAN:	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVID DA pr's office ( ) ER/Immediate Care Ce DATE	our direct super ward report to DED:	rvisor o Superviso Jone ( )
All work-related accidents/injuries requing accurs outside nurse's immediately, and follow up with the sch    TIME SEEN: AM P    SCHOOL NURSE, SIGNATURE:    MEDICAL TREATMENT: Docto    FACILITY/PHYSICIAN:    ADDRESS    All work-related accidents/injuries requing    Or Director of Facilities) at the time of a	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVID DA pr's office ( ) ER/Immediate Care Ce DATE	our direct supe ward report to DED: NTE nter ( ) N : PROVIDED or (Building Ac	rvisor o Superviso None ( ) ( )
All work-related accidents/injuries required accident/injury occurs outside nurse's immediately, and follow up with the sch    Immediately, and follow up with the sch    FIME SEEN:  AM P    SCHOOL NURSE, SIGNATURE:     MEDICAL TREATMENT:  Docto    FACILITY/PHYSICIAN:     ADDRESS     All work-related accidents/injuries requires requires within 48 hours of accident.	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVID DA or's office ( ) ER/Immediate Care Ce DATE DATE	our direct supe ward report to DED: NTE nter ( ) N : PROVIDED or (Building Acceived by Offic	rvisor o Superviso Jone ( ) ( ) dministrato ce of Huma
All work-related accidents/injuries required accident/injury occurs outside nurse's immediately, and follow up with the sch    Immediately, and follow up with the sch    FIME SEEN:  AM P    SCHOOL NURSE, SIGNATURE:     MEDICAL TREATMENT:  Docto    FACILITY/PHYSICIAN:     ADDRESS     All work-related accidents/injuries requires requires within 48 hours of accident.	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVID DA pr's office ( ) ER/Immediate Care Ce DATE DATE NOTE NOTE notification provided to direct supervise accident/injury. Completed form must be re-	our direct supe ward report to DED: <u>ATE</u> nter ( ) N : PROVIDED or (Building Acceived by Offic	rvisor o Superviso None ( ) ( ) dministrato ce of Huma
All work-related accidents/injuries required in the sch    If accident/injury occurs outside nurse's immediately, and follow up with the sch    TIME SEEN:  AM P    SCHOOL NURSE, SIGNATURE:     MEDICAL TREATMENT:  Docto    FACILITY/PHYSICIAN:	s normal working hours, please report to yo nool nurse the next business day. She will for PM EVALUATION/CARE PROVID DA pr's office ( ) ER/Immediate Care Ce DATE DATE NOTE hire notification provided to direct supervise accident/injury. Completed form must be re	our direct supe ward report to DED: ATE nter ( ) N : PROVIDED Or (Building Acceived by Offic DRK	rvisor o Superviso None ( ) ( ) dministrato ce of Human