

EMPLOYEE FIRST REPORT OF ILLNESS OR INJURY

Human Resources must be contacted prior to seeking medical attention, where applicable.
 Contact Human Resources, 713/696-0783 – fax 713/696-0739.

Name (last, first) _____ Male Female Employee no. _____

Social security no. XXX-XX-XXXX Date of birth XX-XX-XXXX Date of employment _____

(to be completed by HR)

Race White Black Asian Ethnicity Hispanic Native American Other

Home Address (street, city, zip) _____

Home phone _____ Marital status Single Married Divorced Widowed

Spouse's name _____ Number dependent children _____

Does employee speak English? Yes No Specify _____ Work day begins at (time): _____

Date of Illness/Injury _____ Time of Illness/Injury _____ am pm

Date lost time began _____ Was employee doing regular job? Yes No

How and why illness/injury occurred _____

Part of body injured or exposed (ex. left leg) _____

Nature of Injury (ex. sprain) _____ Cause of injury (ex. hit by student) _____

Worksite location of injury (ex. stairs, playground) _____

Name of business/location and address where illness/injury occurred: _____

Has employee been exposed to bloodborne pathogens (BBP)? Yes No (If yes, complete Employee Exposure Incident Form In BBP manual.

Witnesses: (1) _____ (2) _____ (3) _____

Job title/position _____ Campus/division _____

Supervisor _____ Date supervisor informed _____

Supervisor's signature _____ Date _____

Notice to employee – For illnesses or injuries resulting in lost time, an employee shall indicate in writing whether he or she chooses to (1) receive workers' compensation wage benefits; or (2) use available paid leave. Workers' compensation wage benefits shall begin when (a) paid leave is exhausted, (b) the employee elects to discontinue use of paid leave; or leave payments are less than the employee's pre-injury average weekly wage. HCDE does not allow the offset payment option while an employee is out on workers' comp. In the absence of an indication from the employee regarding his/her choice to receive paid leave or workers' comp benefits, HCDE shall elect for the employee the option to receive workers' comp wage benefits (DEC Local). Workers' comp temporary income benefits (TIB) begins no sooner than after a seven calendar day elimination period. The TIB is calculated to begin on the eighth day of lost time at a rate of 70% of the employee's pre-injury wage. HCDE does not provide pay for continuation during the elimination period. Employees must provide a return to work release prior to return. Employees may request in writing, consideration of an injury as physical assault (DEC Local). See HCDE personnel procedures, HCDE internal portal. Please select option and sign below.

(select one)

I wish to use: personal – state or local vacation leave assault leave I do not wish to use leave

I certify that the information contained in this report is true and correct. I understand that any falsification of information regarding an on the job injury may result in disciplinary action and/or prosecution under the appropriate State Criminal Statutes. I hereby authorize the release of all medical records relating to the above noted incident to my employer, his agent or insurance company.

Employee signature _____ Date _____