Office of Human Resources/Benefits
7600 Dublin Blvd, 3rd Floor
Dublin, CA 94568
925/485-5505 or 925/485-5504 Office
925/485-5502 Fax

CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT

Supervisor's Report of Employee Injury/Illness

Upon knowledge of an injury/illness
Note: This form should be completed and faxed to the Benefits Office, with originals to be forwarded.

EMPLOYEE INFORMATION

Name ☐ Mr. ☐ s.		SSN or W #:	Age:
Home Address (Street)	(City)	(Zip Code)	Home Phone ( ) -
Job Title	Employee Class Code: (Check One) ☐ Classified ☐ Certificated ☐ Administrative		Date of Hire / /
Employee's Regular Work Location: ☐ CC ☐ LPC ☐ District	Employee Usually Works _____ Hours a Day _____ Days a Week _____ Total Weekly Hours	Gender ☐ Male ☐ Female	Employment Status: (Check One) ☐ Full Time ☐ Part Time ☐ Other ☐ Temporary ☐ Clinical Student

INCIDENT INFORMATION

DATE OF INJURY/Illness: / /	Time of Injury/Illness: _____ AM ☐ PM ☐	Time Employee Began Work: _____ AM ☐ PM ☐	Unable to Work for at least one full day after date of injury? ☐ Yes ☐ No
Date Last worked: / /	Date Returned to Work: / /	Is Employee still off work? ☐ Yes ☐ No	Date of Employer's knowledge/notice of Injury/Illness: / /
Date Employee was provided claim form: / /	Injury Location: ☐ CC ☐ LPC ☐ District Office Location on Campus/Building where Accident Occurred:		

Specific Activity the Employee was performing when the event occurred:

Describe: (1) how the injury/illness occurred, (2) any objects/material that caused the injury/illness, and (3) all specific body parts affected:

Names of any Witnesses:

Did Employee Report to a Physician? ☐ Yes ☐ No	Was this at an Emergency Room? ☐ Yes ☐ No
Physician Name:	Physician Phone ( ) -
Physician Address:	
Did Employee go home for the remainder of the day? ☐ Yes ☐ No	Did Employee require Hospitalization? ☐ Yes ☐ No

SUPERVISOR'S EVALUATION

What specific steps have been taken to prevent similar accidents from occurring?

_____ ( ) - _____ / / _____
Supervisor's Signature | Office Phone Number | Date

_____
Print Supervisor Name