



Human Resources & Employee Relations

14000 Fruitvale Avenue
Saratoga, California 95070

Supervisor's Report of Employee Injury

To Be Completed By Supervisor/Manager

Employee Name & G#: _____

Job Title: _____ Work Schedule (days & times): _____

Date of Injury: _____ Time of Injury: _____ a.m. p.m.

Date Reported: _____ Time Reported: _____ a.m. p.m.

Injury Location & Campus: _____

Type of Injury: _____

Medical Facility/Treated at: _____

Did Injured Leave Work? _____ Date Left: _____ Time Left: _____ a.m. p.m.

Did Injured Return to Work? _____ Date Returned: _____ Time Returned: _____ a.m. p.m.

1. Describe how the incident occurred: _____

2. Names of witnesses: _____

3. What steps have been taken to prevent similar accidents? _____

Supervisor's/Manager's Signature _____ Extension _____ Date _____