

**UNIVERSITY OF ILLINOIS at CHICAGO  
EMPLOYEE'S INJURY REPORT**

Every work-related injury or disease is to be reported to your direct supervisor.  
Please TYPE or PRINT CLEARLY in the spaces provided.

**EMPLOYEE SECTION**

IS THIS A CLAIM FOR WORKERS' COMPENSATION?       *Yes*       *No*

**PERSONAL INFORMATION**

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_ UIN \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_  
Sex    *M*      *F*      Marital Status    *S*    *M*    *Sep*    *W*    *D*      Number of Children Under Age 18 \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Job Classification     *Academic Professional*       *Faculty*       *Staff*       *Student*       *Extra Help*  
Job Title \_\_\_\_\_ Department \_\_\_\_\_  
Work Days Scheduled Per Week    *M*    *T*    *W*    *R*    *F*    *S*    *S*      Hours Scheduled Per Work Day \_\_\_\_\_  
Campus Phone \_\_\_\_\_ Date of Hire \_\_\_\_\_

**EMPLOYEE'S REPORT OF ACCIDENT/INJURY**

Date of Accident/Injury \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_  *AM*     *PM*    Date Reported \_\_\_\_\_  
Exact Location of Accident: Room # \_\_\_\_\_ Building and/or Address \_\_\_\_\_

Description of Accident "While \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body Part Injured \_\_\_\_\_  
\_\_\_\_\_

Recommendation for Prevention \_\_\_\_\_

Did you report this to your supervisor?      *Yes*      *No*  
If no, to whom? \_\_\_\_\_

Do you have a second job?      *Yes*      *No*  
If yes, where? \_\_\_\_\_

Did you receive medical treatment?      *Yes*      *No*  
If yes, at what facility did you receive treatment? \_\_\_\_\_

Is this a recurrence/aggravation of a previously reported injury?      *Yes*      *No*  
If yes, please explain \_\_\_\_\_

**WITNESSES OF ACCIDENT/INJURY**

Name \_\_\_\_\_ Campus Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_

Name \_\_\_\_\_ Campus Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_

**I attest that the above information is true and correct.**

\_\_\_\_\_  
**Signature of Employee**      Date

