

Complete ALL information legibly. Supervisor signature is a MUST. Submit to HR within 24 hrs. of Incident.

City of Melrose Injured at Work- EMPLOYEE REPORT

Section 1: Personal Data to be filled out by Employee (ALL IS REQUIRED)

Name: _____	Department: _____
Address: _____ _____	SSN: _____ - _____
	DOB: _____ / _____ / _____
Home Phone (____) _____ - _____	Hire Date: _____ / _____ / _____
Days worked per week: _____	Wage: \$ _____ per hour \$ _____ per week

Section 2: Accident Data to be filled out by Employee. Signature approves info below.

Date and Time of Injury: ____ / ____ / ____ : ____ am/pm Date Disability Began: ____ / ____ / ____

Was injured paid for the day of injury? ____ Yes ____ No

Nature of Injury or Illness (cut, bruise, sprain, etc.) _____

Body parts affected (LIST ALL): _____

Address where injury occurred: _____

Weather conditions: _____

List Witness(es): _____

Describe the accident IN DETAIL including substances, materials, vehicles or equipment involved:

Treated where? _____ Notified coworkers or supervisors? ____ Yes ____ No

Treated by whom? _____ Name: _____

Employee Signature: _____ Date: ____ / ____ / ____

Please digitally sign or print and sign this portion of the document

Supervisor Signature: _____ Date: ____ / ____ / ____

Supervisor's signature does not constitute approval of benefits

Please return to:
Matt Travers, HR Department
562 Main Street, Melrose, MA 02176
PHONE: 781-979-4170 FAX: 781-979-4246