

# 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.

**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 \_\_\_\_\_