

Kansas Adjutant General's Department

Employee's Report of Off-The-Job Injury

The department head/supervisor/manager is requested to see that this form is completed when there is an off-the-job injury requiring treatment or time off work. This form should be returned to HR within 24 hours of an off-the-job injury or at the earliest possible moment.

Name of the Employee: _____ Age _____ Sex _____

Home Address: _____ City _____ Zip _____

Social Security #: _____

Date of off-the-job injury: _____ Time of injury: _____ AM__ PM__

Place of injury: _____

How did the injury occur? _____

Name substance or object that directly caused injury. _____

Describe in detail nature and extent of injury; indicate part of body involved. _____

Was employee admitted to hospital? _____ Date: _____

Emergency room only? _____

Name and address of attending physician: _____

Is additional medical aid needed? _____

What medications will the employee be prescribed? _____

Has employee returned to regular duty? _____ Light Duty? _____ Date: _____

Additional comments: _____

Employee Signature

Date

Supervisor Signature

Date

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Employee's Report of Minor Injury

In the case of minor accidents that require neither treatment nor work interruption (e.g. minor cuts, scrapes, etc.) Department Head or Supervisor may retain the report or it may be sent to HR.

Name of Employee: _____

Date of Injury: _____

Time of injury: _____ AM__ PM__

Place of injury: _____

How did injury occur? _____

Name substance or object that directly caused injury: _____

Indicate part of body involved: _____

What was the employee doing when injured? _____

Witness to injury: _____

Additional comments: _____

Employee Signature

Date

Supervisor/Manager Signature

Date