

K-State Student Union Employee Accident/Injury/Illness Report

- For a life threatening accident/injury/illness: Proceed to the emergency room or dial 911 immediately.
- For a non-life threatening accident/injury/illness: Contact the human resource department for guidance.

Only employees of the K-State Student Union should complete this form. For accidents/injuries that do not involve a Union employee, a *K-State Student Union Incident Report* should be completed.

For Employee to Complete

Name:

First

Middle

Last

Address:

Street

City

State

Zip Code

Primary Phone:

Date of Birth:

Job Title and Department:

Date of Accident/Injury/Illness:

Time of Accident/Injury:

Was the accident/injury/illness work related? Yes

No

Describe how and where the accident/injury/illness occurred; include what employee was doing at the time of the accident/injury/illness occurred. List the specific body part(s) affected and the initial extent of the accident/injury/illness.

Was medical treatment needed? Yes No

Was employee seen in the ER? Yes No Did employee leave work? Yes No

Names of all witnesses to the accident/injury/illness:

Prior to this report, had the employee sustained an injury to the body part for which this report relates? Yes
No

Include any additional information pertinent to this accident/illness/injury that is important to be aware of:

I affirm the information in this report is true and complete to the best of my knowledge. I understand that willfully making false statements for the purpose of obtaining or denying employee benefits is a crime. I also understand that making false statements is subject to disciplinary actions, up to and including termination by the K-State Student Union.

Date

Signature of Employee