

REPORT OF ON-THE-JOB INJURY

MARION COUNTY BOARD OF EDUCATION

Hamilton, Alabama

Teacher Name/Employee

School/Work Site

Date of Injury

1. Did you see a doctor? _____ If so, give the
name of the doctor. _____
What date did you see the doctor? _____

2. Was the principal/immediate supervisor notified of the
accident? _____

3. Did the accident occur on school property? _____

4. How many work days were missed due to the injury? _____

5. Give a detailed description of the accident.

I certify that the above information is true and correct to the
best of my knowledge. Falsification of information may be
grounds for discipline, up to and including termination from
employment.

Teacher/Employee

Date

Principal/Immediate Supervisor

Date