



**ALEDO ISD FIRST REPORT OF INJURY**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Number of Dependent Children: \_\_\_\_\_

Marital Status:      Married      Widowed      Separated      Single      Divorced

Spouse's Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Nature of Injury (example: cut): \_\_\_\_\_

Cause of Injury (example: fall): \_\_\_\_\_

Part of Body Injured/Exposed (example: r. leg): \_\_\_\_\_

How and Why Injury/Illness Occurred: \_\_\_\_\_

List Witnesses: \_\_\_\_\_

Doctor's Name and Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return form immediately to: Tammy Rice, Payroll & Benefits Coordinator, at [trice@aledoisd.org](mailto:trice@aledoisd.org),

Nikki Calderon, Payroll Clerk, at [acalderon@aledoisd.org](mailto:acalderon@aledoisd.org), Earl Husfeld, CFO, at

[ehusfeld@aledoisd.org](mailto:ehusfeld@aledoisd.org) and Sherry Taylor, Executive Director of Human Resources, at

[staylor@aledoisd.org](mailto:staylor@aledoisd.org) .