



Health Services

Minor Employee Incident Report

Date: _____

To be completed by employee:

Name _____

Job Description _____ Campus # _____

Nature of Injury _____

Treatment/Recommendations provided today _____

Do you plan to file Worker's compensation at this time Yes _____ No _____
(If yes, you must complete the yellow Employee's Report of On the Job Injury form.)

- * **Note: Worker's Comp claims must be filed within 30 days of date of injury.**
- * Questions/Concerns: Call Birdville Worker's Comp Office at 817-547-5855

Signature _____ Date _____

White copy to Worker's Comp Office Yellow copy Keep on Campus Pink copy to employee