HUMAN RESOURCES

EMPLOYEE'S STATEMENT FOR WORK-RELATED INJURY

Employee should complete this form in detail and return to supervisor. Supervisor will fax to **Human Resources** at **910-962-3840** ***and*** **Environmental Health & Safety** at **910-962-3473** within 24 hours of accident.

Employee Name:	Banner #:
Address:	Phone No:
Dept:	Supervisor:
Date & Time of Injury:	Date & Time Reported:
Name of Person Notified of Injury:	Name of Witness to Accident:
Part(s) of Body Injured:	
Medical Treatment Obtained: ☐ Medac ☐ Emergency Room ☐ Other, please specify:	
Description of Accident: **Be specific**. State where you were, what you were doing, and what happened.	

I understand that the information above will be used by UNC Wilmington and CorVel Corporation to help determine liability for the injury. I acknowledge that the above statement is a true and accurate representation of this information.

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Employee's Signature Date

REMEMBER:

- Report all injuries to your supervisor immediately and seek appropriate medical treatment at the university's **approved medical providers.**
- Employees are expected to return to work on the day of the injury unless the approved treating physician states employee is unable to return to work. A written statement must be obtained from the approved treating physician and promptly provided to your supervisor. Use of sick leave for lost time will be approved only if the approved treating physician prohibits return to work.
- Employees who require additional approved medical visits authorized by human resources are not charged leave for reasonable time away from work for these appointments.
- Work routines will be modified to accommodate any restrictions identified by the approved treating physician. If accommodation is not possible within the department, the supervisor will contact human resources for placement of the employee in the transitional work program.