Office of Human Resources

Glenville State University
200 High St., Glenville, WV 26351
Phone (304) 462-6193
E-mail hr@glenville.edu

Workplace Injury/Illness Report Form

Use this form to report a workplace injury or illness. Please complete the form and submit it to the Office of Human Resources at the address above within 24 hours of the injury and illness. Please type or print clearly.

Injured Employee's Name		
Social Security Number		
Date of Birth		
Job Title		
Department/University/etc.		
Employee Date of Original Hire		
Date Employee Began Job Title Above		
Employee's Home Address		
Employee's Home Phone Number		
Employee's Status	[ ] Regular – Status	[ ] Temporary
	[ ] Full-Time	[ ] Part-Time

Date of injury/illness. Please enter clearly the date. Example: May 23, 2002		
Time of injury/illness. Please enter clearly the time. Example: 10:00 a.m.		
Time employee began work on the day of injury/illness, entered in same form as time above.		
Did injury/illness occur on College property?	[ ] Yes	[ ] No
Physical location where the injury/illness occurred (bldg., intersection, etc.)		
Did employee lose any time from work?	[ ] Yes	[ ] No
Did employee receive medical attention	[ ] Yes	[ ] No
Describe type of treatment received		
Name of physician or hospital providing medical attention		
Did injury/illness involve time away from work beyond the date of injury/onset of illness?	☐ Yes	☐ No
Describe the exact body part(s) affected and the type of injury/illness sustained to each.		

Has employee sustained previous injury/incurred previous illness affecting same body parts?	[ ] Yes	[ ] No

Describe how the injury occurred/illness contracted.

Enter names and telephone numbers of any witnesses to injury/illness.			
Name		Phone	
Name		Phone	
Name		Phone	

Supervisor's Name	
Supervisor's Phone	
Supervisor's E-mail	

Does supervisor have any reason to question this injury?	[ ] Yes	[ ] No

If yes to above question, do not enter comments. Supervisor will be contacted if information is needed.

Supervisor's Signature		Date	
Employee's Signature		Date	

DISTRIBUTION: Original – Office of Human Resources, Copy – Employee, Copy, Supervisor

HR SERVICES USE ONLY – ENTER WC/UC LOCATION CODE:	