1st Report of Injury Instructions/Fax CoverSheet

1. The first report of injury should not be filled out by the employee.
2. Sections 1-29, 40-43 and 51 should be completed by the employee’s supervisor.
3. All remaining sections will be completed by the Human Resources Office.
4. If the employee misses a day of work or requests to see a doctor this information should be placed on the fax cover sheet below.
5. If there was a witness to the injury please have them submit a witness statement via fax or e-mail. (norma.lozano@tamucc.edu)
6. The form should be faxed to Human Resources at 361-825-5871.
7. Should the employee have any questions, please direct them to Norma Lozano at 361-825-2198

FAX COVER SHEET:

To: Human Resources
Phone Number: 361-825-2198
Fax Number: 361-825-5871

From:
Name: ______________________________________________________
Phone Number: ______________________________________________
Fax Number: ________________________________________________

Please complete before faxing to Human Resources:

Has or does the employee want to seek medical attention? _____Yes   _____No
Has the employee missed a day of work due to the Injury? _____Yes   _____No