

# JUDSON INDEPENDENT SCHOOL DISTRICT WORKERS' COMPENSATION

Instructions for completing forms in the event of an **employee** accident or injury:

Three (3) Forms are **required**:

1. Employer's First Report of Injury
2. Supervisor's Accident Investigation Report
3. Employee's on the Job Injury Report

## **Employer's First Report of Injury**

1. Complete the Employer's First Report of Injury as soon as possible after an accident or injury occurs
2. Please complete sections # 1 through # 29
3. The remainder of the form will be completed by Human Resources
4. Fax the Employer's First Report of Injury to Human Resources, Attention: Lori Diamond – Fax: 945-6923

## **Supervisor's Accident Investigation Report**

1. The **Supervisor** should complete this report as soon as possible after an accident or injury is reported but no later than 48 hours after the incident is reported.
2. Fax the Supervisor's Accident Investigation Report to Human Resources, Attention: Lori Diamond – Fax : 945-6923

## **Employee's On The Job Injury Report**

1. The **Employee** should complete this report as soon as possible after an accident or injury is reported. If emergency care is required, seek care first.
2. Fax the Employee's On the Job Injury Report to Human Resources, Attention: Lori Diamond – Fax: 945-6923

**All original forms** should be sent via interoffice mail (Pony) to:

Lori Diamond – Human Resources Department  
Phone: (210) 945-5619  
Fax: (210) 945-6923  
Email: [ldiamond@judsonisd.org](mailto:ldiamond@judsonisd.org)

Any questions or concerns regarding any workers' compensation issue should be directed to Lori Diamond.

**Please retain a copy of each form at your location.**