





## Employee Checklist for Work Related Accidents

Notification of Supervisor	
Name (Print)	Date :
Signature:	Title:
Comments:	
Notification of Unit Head	
Name (Print)	Date :
Signature:	Title:
Comments:	
Public Safety (Security Report Filed)	
Name (Print)	Date :
Signature:	Title:
Comments:	
Report to Benefits Office	
Name (Print)	Date :
Signature:	Title: