CITY OF Auburn
GEORGIA • EST 1892

1369 4th Avenue, Auburn, GA 30011 770-963-4002

REPORT OF INJURY WORKSHEET

EMPLOYEE INFORMATION

EMPLOYEE NAME	JOB TITLE	DEPARTMENT	DATE OF HIRE

PHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX

HRS PER DAY	HOURS PER WEEK	DAYS PER WEEK	HOURLY WAGE	DATE OF INJURY	ADDRESS OF ACCIDENT

ACCIDENT INFORMATION

DID THE ACCIDENT OCCUR ON EMPLOYER'S PREMISES?	☐ Y ☐ N
TIME OF INJURY	
DATE EMPLOYER WAS NOTIFIED	
DID EMPLOYEE WORK THE NEXT DAY?	
FIRST DAY EMPLOYEE FAILED TO WORK A FULL DAY	
DID EMPLOYEE RECEIVE FULL PAY FOR THE DATE OF INJURY?	
DATE EMPLOYEE RETURNED TO WORK	
HOW DID THE INJURY OCCUR? (PLEASE BE SPECIFIC)	
WHAT WAS THE SOURCE OF THE INJURY?	
NAME AND ADDRESS OF PHYSICIAN OR FACILITY WHERE TREATED	

REPORT PREPARED BY		TITLE	
PHONE NUMBER		DATE	
EMAIL ADDRESS			