DREXEL UNIVERSITY
REPORT OF EMPLOYEE INJURY

Answer all questions fully. If not applicable, reply N/A

EMPLOYEE INFORMATION

NAME: _____ GENDER: Male: ☐ Female: ☐

ADDRESS: _____
Street City State/Zip

(Please give complete address including Zip Code otherwise claim cannot be processed)

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

DATE OF BIRTH: ____/____/____ SSN: _____-____-_____

MARITAL STATUS: Single ☐ Married ☐

OCCUPATION: _____ DEPT: _____

WORK PHONE #: (_____) _____ DATE OF HIRE AT DREXEL: ____/____/____

EMAIL ADDRESS: _____

PAYROLL SCHEDULE: Monthly ☐ Bi-Weekly ☐ Weekly ☐ LAST FULL DAY PAID: _____

WORK SCHEDULE: _____ Full time ☐ Part time ☐
(example: M-F, 8:00am – 5:00pm)
Hours per week: _____

ACCIDENT INFORMATION

DATE OF INJURY: _____ TIME OF INJURY: _____ (example: 1:00pm)

DATE ACCIDENT/INJURY REPORTED: _____

DATE OUT OF WORK: _____ DATE RETURNED TO WORK: _____

PERSON INJURY REPORTED TO: _____

EXACT LOCATION OF INCIDENT: _____

WHAT YOU WERE DOING WHEN INJURY OCCURRED: _____

_____

_____

_____

HOW DID INJURY OCCUR?: _____

_____

_____

CHECK ONE: UNSAFE ACT ☐ MECHANICAL DEFECT ☐ OTHER ☐

LIST NAMES OF WITNESSES: _____

_____

INJURY AND MEDICAL TREATMENT

NATURE AND LOCATION OF INJURY OR DISEASE (Specify part of body): _____

_____

DATE TREATMENT FIRST SOUGHT: _____ CHECK HERE IF DID NOT TREAT ☐

NAME OF PHYSICIAN or
PLACE OF TREATMENT: _____

☐ ER**
☐ Occupational Medicine

ADDRESS OF ATTENDING PHYSICIAN OR HOSPITAL: _____

_____

***Anyone who treats at the ER **MUST** follow-up with Oc. Medicine within 48 hours of treating.*
The hours at WorkNet Oc. Medicine are Monday through Friday from 7:30am to 5:00pm

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____
(as witness to employee's signature)

Supervisor's Name (please print): _____

PLEASE FORWARD A COPY OF THIS FORM TO:

Office of Risk Management
3020 Market Street, Suite 102
Philadelphia, PA 19104
Email: orm@drexel.edu

Employees injured while working within the scope of their employment are eligible for worker's compensation. Worker's compensation will pay for all relevant medical and diagnostic treatment, as well as compensate employees unable to work due to their injury, within certain time limits. Please contact the Office of Risk Management for details.

NOTICE OF FAMILY MEDICAL LEAVE REQUEST

Under the Family Medical Leave Act (FMLA), you may be eligible for up to 12 workweeks of job-protected, unpaid leave. According to the University's Workers' Compensation policy, any leave taken as a result of a work-related injury or accident that also qualifies as a medical leave of absence will be charged against an eligible employee's allotment of Family and Medical Leave. ***Please be aware that a Family Medical Leave claim will be submitted on your behalf by Human Resources to run concurrently with your worker's compensation claim, in accordance with the aforementioned Workers' Compensation policy.*** Job protection and continuation of your benefits during your time out are dependent on the approval of your claim under the FMLA and are not guaranteed by filing a claim for workers' compensation even if the claim is approved for workers' compensation.

Important Action Items:

- Approval for leave under the FMLA guarantees job protection for up to 12 workweeks if approved.
- Approval for leave under the FMLA guarantees that your University benefits will remain in place while you are unable to work.
- Any lost time as a result of a work-related injury or accident that also qualifies as a medical leave of absence under the FMLA (if approved) will be charged against an eligible employee's Family and Medical Leave allotment.
- During your leave, you remain responsible for all benefit premiums, regardless of whether you are actively receiving a paycheck from the University.
- Benefit premiums while you are in an inactive pay status will be placed into arrears. Premium arrears will be recovered on the first check when you are back in an active pay status. To discuss payment options, please contact Katie Shannon in Human Resources (kms652@drexel.edu).
- Prior to your return to work, a release from your treating physician releasing you back to work must be presented to Risk Management and Human Resources (fax to 215-895-5813).

If you have a medical condition that you believe may rise to the level of a disability as defined by the Americans with Disabilities Act Amendments Act (ADAAA), and may need a reasonable accommodation in order to meet the essential functions of your job, you should contact the Office of Human Resources (HR) at Drexel University. HR can be reached by phone at 215-895-1410 and by email at hrdisability@drexel.edu. More information about registering with HR can be found at the following website: http://drexel.edu/disability-resources. Contacting HR is completely voluntary.

_____ _____

Employee Name Date

_____

Employee Signature