FAIRFIELD PUBLIC SCHOOLS
FAIRFIELD, NEW JERSEY 07004

EMPLOYEE ACCIDENT REPORT FORM

(For internal use only)

Check which school the accident occurred:

☐ STEVENSON ☐ CHURCHILL ☐ TRAVELING BETWEEN BUILDINGS

Date of Accident: _____ Time of Accident: _____

Check where the accident occurred:

Classroom ☐ #_____ Lavatory ☐ Hallway ☐ Parking Lot ☐ Gymnasium ☐

Cafeteria ☐ Library ☐ Teacher's Room ☐ Main Office ☐ Playground ☐ Other ☐

Name:	SS#:
Address:	Telephone #:
Birthdate:	Date of Hire:
Employment Hours:	Annual Salary:

Describe Accident/Injury:
What object/substance/tool directly caused injury?
List Witnesses:
Has time been taken from work because of this injury? YES ☐ NO ☐
If Yes: What date did you 1st stop working? When did you return?

1. **Employee must call NJ School Insurance Group to report incident at 1-609-543-3377 (within 24 hours)**
2. **Employee has 10 days to file a claim and receive medical attention**
3. **Employee must submit completed form to Board Office within 24 hours of Accident Date (Fax #973-227-4303 or Email adamsm@fpsk6.org) Board Office phone #973-227-1340**
4. **Employee please retain copy for your own records**

Employee Signature: _____ Date Reported: _____

Principal Signature: _____ Date: _____