




Grand Isle Supervisory Union

5038 US Route 2 North Hero, Vermont 05474

Phone: 802-372-6921 Fax: 802-372-4898 Web Site: www.gisu.org

Employee Accident – Incident Only Report

Before completing this form, please answer the following questions:

1. Did employee seek medical attention? *If yes,*  *→ Submit First Report of Injury Form*
2. Has the employee lost time from work? *If yes,*  *→ Submit First Report of Injury Form*
3. Did the incident involve the back, shoulder or knee? *If yes,*  *→ Submit First Report of Injury Form*

For all other employee incidents, complete the following:

MEMBER INFORMATION

Name	
School	
Contact at school	

EMPLOYEE INFORMATION

Name		Gender	
SSN		Date of birth	
Job Title		Home phone	
Hire Date		Supervisor Name	
Address			

Accident Information

Date incident occurred		Time of incident	
Description of incident <i>(type, body parts involved, how it occurred etc.)</i>			
Employee start work time		Employee end work time	
Occur on school premises?		Place of accident	
When was school contacted?		Who was contacted?	
Other pertinent information?			