

Workersâ€™™ Compensation Claim Form for Teachers

1. Personal Information

Full Name

Date of Birth

Employee ID

Home Address

Phone Number

Email

2. Employment Information

School Name

Position/Subject

Date Hired

3. Incident Information

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Description of Injury

Names of Witnesses (if any)

4. Medical Attention

Did you seek medical attention?

Medical Facility/Doctor Name

Date of Treatment

5. Additional Comments

Employee Signature

Date