

## **[EMPLOYEE/SUPERVISOR ACCIDENT REPORT \(Click to access\)](#)**

**\*MUST BE COMPLETED BY THE INJURED EMPLOYEE AND SUPERVISOR**

***Supervisors:*** *Please have the injured worker complete their form unless unable.* If the injured worker is unable to log in or complete the on-line form for themselves, then the employee's supervisor or a designated school/departmental secretary may complete the employee's portion on their behalf. Supervisors completing the form on the employee's behalf must submit the employee's section first, before completing the Supervisor's portion.

***Instructions:*** Once logged in, the employee (or designated preparer) will complete questions 1-29, click on the Electronic Signature button, Click "Go" next to the submit button, and click "Send". Once the employee section has been submitted, the Supervisor will be asked to log in, complete their section, electronically sign and submit the completed form to Risk Management. Please submit this report as soon as feasibly possible, but no later than 48 hours after the incident.

**RISK MANAGEMENT WILL NOT RECEIVE THIS REPORT UNTIL BOTH SECTIONS HAVE BEEN SIGNED AND SUBMITTED.**

### **Fraud Statement**

**"ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION COMMITS INSURANCE FRAUD AND IS PUNISHABLE AS A FELONY OF THE THIRD DEGREE. (F.S. 440.105, 817.234)"**