**Occupational Injury/Illness/Incident Report**

- Must be completed and submitted to HR within 24 hours of injury/illness/incident
- Either the Employee or the Supervisor can complete form
- Please be specific when describing injury/illness/incident
Election of Option Form

- Employee must complete when treating physician’s orders are to be off work more than three (3) days. A copy of the Dr’s slip must also be sent to HR.

- If the doctor orders the employee off only one day, but the employee elects to take more days off, they MUST use their own **sick** or **annual** leave.