

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

EMPLOYEE ACCIDENT / INJURY REPORTING PROCESS

If you are injured, and **DO NOT** need medical attention, report to your supervisor **immediately**, then fill out the following form and return to Monica Herrera via email or District mail.

1. Employee's and Supervisor's Industrial Incident Report (SIPE Form 6-588-1 11/00).
Employee fills out page 1 and sends page 2 to their immediate supervisor for completion.
2. The Statement of On-the-Job Injury/Illness

If you are injured, and **WOULD LIKE** medical attention **during regular hours**, Monday-Friday, 7:30a.m. – 4:30p.m., report to your supervisor & Monica Herrera (ext. 4206 or 805-922-4573) **immediately**, fill out the following forms, **AND** bring completed documents to the District Office.

1. Employee's and Supervisor's Industrial Incident Report (SIPE Form 6-588-1 11/00).
Employee fills out page 1 and sends page 2 to their immediate supervisor for completion.
2. The Statement of On-the-Job Injury/Illness

The district will then authorize treatment at IMG/Akeso (hours 8:00a.m. – 5:00p.m. Monday-Friday).

If you are injured **AFTER HOURS** and would like medical attention report to your Supervisor and Monica Herrera (ext. 4206 or 805-922-4573) **immediately** - Should medical attention be needed **outside** of IMG/Akeso's regular hours, employees may go to Marian Hospital ER – advise hospital staff to contact Monica Herrera at (805) 922-4573 x 4206 or (805) 922-4573 for workers compensation/billing information – Monday – Friday 7:30a.m. – 4:30p.m.

Before the end of the work period, the injured employee should fill out the following forms and submit to their direct supervisor or Plant Manager (M&O Staff).

1. Employee's and Supervisor's Industrial Incident Report (SIPE Form 6-588-1 11/00).
Employee fills out page 1 and sends page 2 to their immediate supervisor for completion.
2. The Statement of On-the-Job Injury/Illness

The forms should then be forward to Monica Herrera at the District Office via Fax 805-287-9857 or e-mail mherrera@smjuhsd.org.

****Note:** If Monica is unavailable, please contact the front desk for immediate assistance 805-922-4573

*****Note:** Each incident is different. In the case that your incident does not fall into the 3 scenarios listed above, Supervisors and District personnel shall work together in the best interest of the injured employee.

Statement Of On-The-Job Injury/Illness

☐ Injured Employee

☐ Witness

Name of Employee: _____
Please Print

Date of Injury/Illness: _____ Time of Injury/Illness occurred _____

Location of Injury/Illness: _____

In the area below please include a description of the injury/exposure (i.e., sprained left ankle), what you were doing at the time of the incident, and how the incident occurred.

Statement: _____

I hereby certify that the foregoing statement is, to the best of my knowledge, an accurate and true description of the occurrence.

DATE: _____ SIGNATURE: _____

NAME (Please Print): _____