

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 Leyva-Marquez (employee last names A-M) or Krystal Luna (employee last names N-Z) 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, 8:00 a.m. – 5:00 p.m., report to your supervisor & Monica Leyva-Marquez or Krystal Luna (ext. 4206, ext. 4333 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 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 Leyva-Marquez or Krystal Luna (ext. 4206, ext. 4333 or 805-922-4573) ***immediately*** - Should medical attention be needed **outside** of Akeso's regular hours, employees may go to Marian Hospital ER – advise hospital staff to contact Monica Leyva-Marquez (805) 922-4573 x4206 or Krystal Luna at (805) 922-4573 x 4333 for workers compensation/billing information – Monday – Friday 8:00 a.m. – 5:00 p.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 Leyva-Marquez (A-M)** or **Krystal Luna (N-Z)** at the District Office via Fax 805-287-9857 or e-mail [SMJUHSD-Benefits@smjuhsd.org](mailto:SMJUHSD-Benefits@smjuhsd.org).

\*\*Note: If Monica and/or Krystal are 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.

Santa Barbara County Schools – Self Insured Program For Employees (SIPE)  
**Employee’s and Supervisor’s Industrial Incident Report – Page 1 of 2**  
(If handwritten, please print clearly. Forward page 2 to employee’s supervisor)

District \_\_\_\_\_

Today’s Date \_\_\_\_\_

**Employee’s Report**

(To be completed by employee, employee’s designee or by district claims representative)

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Sex    Male    Female            Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_

Usual Work Hours            hrs./day \_\_\_\_\_            days/wk. \_\_\_\_\_            Total hrs./wk. \_\_\_\_\_

Employment Status    Regular Full-Time            Part-Time            Temporary            Seasonal

Gross Wages/Salary    \$ \_\_\_\_\_ per \_\_\_\_\_

Other payments not reported as wage/salary (e.g. tips, meals, lodging, overtime, bonuses)    Yes    \$ \_\_\_\_\_ per \_\_\_\_\_

Worksite/Program \_\_\_\_\_ Employee’s Supervisor \_\_\_\_\_

Date of Illness/Injury \_\_\_\_\_ Time of Day \_\_\_\_\_ Time Started Work Shift \_\_\_\_\_

Description of Injury or Exposure (sprain, fracture, skin rash, etc.) \_\_\_\_\_

Was another person responsible?            Yes    No    Name \_\_\_\_\_

Name(s) of witnesses, if any \_\_\_\_\_

If seen by doctor, give name, address, phone, and fax number of doctor \_\_\_\_\_

If hospitalized, give name, address, phone, and fax number of hospital \_\_\_\_\_

Have you missed a shift or day of work due to this condition?    Yes    No

Have you received care beyond first aid for this condition            Yes    No

Have you been provided with a claim form?            Yes    No

Have you been provided a “Facts for Injured Workers” brochure since this Incident?    Yes    No

Completed by \_\_\_\_\_ Relationship to Employee \_\_\_\_\_ Date \_\_\_\_\_

**Santa Barbara County Schools – Self-Insured Program for Employees (SIPE)**  
**Employee’s and Supervisor’s Industrial Incident Report – Page 2 of 2**  
*Extracted from SIPE Form 6-588 1 11/00 Revised 4/2020*

(Please print clearly – Please use a separate sheet of paper if you need more space for your response)

<b>Employee Name:</b>	<b>District:</b>
<b>Date of injury/illness:</b>	<b>Job Title:</b>
Brief description of injury or exposure (sprain, fracture, skin rash, etc.):	
Supervisor's Review: Investigate causal factors to prevent re-occurrence. What was the employee doing when injured or exposed?	
Object or substance that directly injured or exposed employee:	
Was employee able to work after injury/exposure?    Yes No	Time /date returned:
Has information been obtained from witnesses regarding the injury or exposure	Yes      No
Was there a safety hazard involved in this incident?	Yes      No
Has the safety hazard or unsafe condition been corrected?	Yes      No
If yes, explain action taken:	
How could injury or exposure have been prevented?	
What action have you taken to prevent reoccurrence?	
Supervisor’s Name (Print):	Phone:
Supervisor's Signature:	Date:

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): \_\_\_\_\_