

BRYN MAWR

COLLEGE

To be completed by the supervisor with the employee, if possible. Complete and submit to EHS (ehs@brynmawr.edu) within 24 hours. Questions? Call EHS: (610) 526-5166.

| Employee Information | | | |
|----------------------|--|---------------|---|
| Employee Name | | Date of Birth | |
| Job Title | | Department | |
| Date of Hire | | Hours | <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| Student | <input type="checkbox"/> Yes <input type="checkbox"/> No | Start Time | |
| Employee Address | <hr/> <div style="display: flex; justify-content: space-between;"> Street City State Zip Code </div> | | |
| Email Address: | | Home Phone: | |

Marital Widowed Divorced

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| Injury Information | | | |
|-------------------------------|--|-----------------------------|--|
| Date of Injury | | Date Reported to Supervisor | |
| Time of Injury | | | |
| Detailed narrative of how the | | | |

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Name of treating facility: _____

(In case of emergency, go to nearest hospital emergency room. For non-emergencies or follow up care, call Human Resources at 610-526-5261 for assistance in arranging treatment from a designated workers' compensation doctor.)



The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone

