

**SUPERVISOR'S REVIEW FORM**

**\*\*SUBMIT THIS COMPLETED FORM TO SAFETY, RISK & SUSTAINABILITY WITHIN FIVE (5) DAYS OF THE INJURY\*\***

<b>EMPLOYEE NAME:</b> _____ <b>EMPLOYEE ID#:</b> _____ <b>SCHEDULED WORK HOURS:</b> _____ <b>PAYROLL CLASSIFICATION NUMBER:</b> _____
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**SUPERVISOR'S REVIEW**

<input type="checkbox"/> Facts available lead me to believe this work injury was caused by and happened during State work.	<input type="checkbox"/> From the facts that I need my superior's or a physician's advice. The alleged claim of injury is not clearly identified with State employment.	<input type="checkbox"/> The facts do not indicate that this claim of injury was work connected.
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**Details of Injury/Accident (who, what, where, when, etc.):**

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**Action Recommended:**

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**Witness:** \_\_\_\_\_

**Continuation and Misc. Comments:**

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**Supervisor's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MANAGER'S REVIEW**

DO YOU CONCUR WITH THE FIRST LINE IN THE SUPERVISOR'S REVIEW?:  YES  NO

If NO, explain below:

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Manager's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_