EMPLOYEE STATEMENT OF INJURY

Colorado Workers' Compensation Statute requires that employees with a work-related injury or illness provide the employer a written statement of injury within four (4) days of the incident.

Complete in your own words a detailed explanation of what occurred at the time of injury and <u>bring</u> the completed form to Becky Lujan, Benefits Technician, Human Resources at the ESC, 5776 S. Crocker St., Littleton, CO <u>within 4 days of</u> <u>injury as required by Colorado law</u>. If requested, your statement will be date and time stamped and you will be provided a copy.

Date of Injury:	Time of Injury:	AM or PM (circle one)	
Location:	Inside or Outside (cir	Inside or Outside (circle one)	
What part of your body is injured?			
Detailed Statement of Accident: What happened, where, when, how, what part of body injured. Please provide as much detail as possible.			

I hereby authorize the Public Employees Retirement Association to release to Littleton Public Schools any and all records concerning my PERA account. A photocopy of this authorization shall be valid as the original. This authorization relates to my workers' compensation claim and is valid throughout the claim. I acknowledge receipt of the workers' compensation information packet which includes a listing of my choice of designated medical providers should I require medical treatment for this injury.

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