EMPLOYEE STATEMENT OF INJURY

_____________________________________  CWID #  __________________________________
(Employee’s Full Name)                   (Date of Accident)

Be sure to include the location of the accident, date and time, witnesses, physical injury, how it happened and all other related information as described below.

_________________________________________________________________________________
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The information above is an accurate description of the sequence of events that led up to the injury that I sustained while performing my required job duties at the College of Charleston.

_____________________________________  __________________________________
(Employee’s Signature)                   (Statement Date)

(Updated 01/09)