COLLEGE of CHARLESTON

HUMAN RESOURCES

EMPLOYEE STATEMENT OF INJURY

_____	_____	_____
(Employee's Full Name)	CWID #	(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)	(Time)

(Updated 01/09)