

BRIGHAM YOUNG UNIVERSITY

INJURED EMPLOYEE STATEMENT

****Please note that the completion of this form does not constitute an admission of liability by BYU. Information from this form is critical for the processing of your claim. Please submit the form to the Risk Management & Safety Department (RMSD) via email to incident_mgmt@byu.edu or in person at the Risk Management & Safety Office 104 RMB, Provo, UT 84602.****

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE

Today's Date:	Employee Name:	BYU ID Number:
Department:	Supervisor's Name:	Did you notify your supervisor? YES NO
Date of Injury:	Time of Injury (approx.): am/pm	Location of Injury:
Specifically, describe the injury and part of body affected (ex. cut to the left ring finger):		Do you need medical treatment? YES NO If yes, where did you receive it?
Briefly, describe how the injury happened:		
Employee Signature:	Employee Phone Number:	Employee Email: