MONROE COUNTY BOARD OF EDUCATION EMPLOYEE ACCIDENT REPORT

	Sc	hool:		
Employee):			
Job Title:				
	Accident:	Date:		
		Time:	·	
		Location:		
Please de	scribe the ac	cident and include	e any factors you feel are wor	thy of remark.
Signature	of Employee	<u> </u>	Date	
		Verification	n of Principal/Supervisor	
What trea	tment, if any,	was necessary as	a result of the above describ	ped accident?
	preceding represtigation.	oort to be accurate	e to the best of my knowledge	based my observation
Signature	of Principal/	Supervisor		