

**SALIDA SCHOOL DISTRICT**  
**EMPLOYEE ACCIDENT REPORT**  
(To be completed by injured employee)

**Employee Name:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Time of Injury:** \_\_\_\_\_

**Please explain how the accident occurred:**

**Describe effected body parts:**

**Employee's recommendations for corrective action:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_