

Student Workers (Federal Work Study, Institutional Work Study)

Injury Report additional Information:

First Name _____ Last Name _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Home Address: _____ City _____ State _____ Zip _____

Date of Injury: _____

Date of Hire: _____ Hourly Rate of pay: _____

Work Schedule: _____

Hours worked per week: _____