

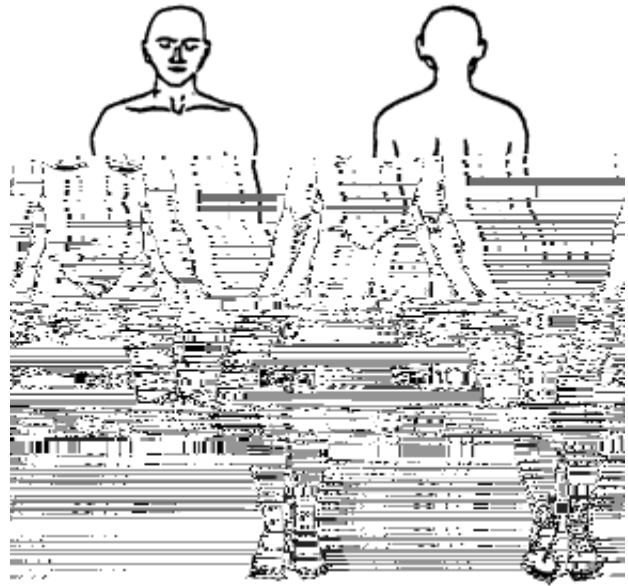
CAL STATE EAST BAY

Risk Management & Internal Control - SA1600 - 25800 Carlos Bee Blvd - Hayward, CA 94542
 Telephone: (916) 911-1155 (e-mail: wmr@csueastbay.edu)

I. INJURED/ILL EMPLOYEE

| | | | | |
|--------------------------|--|-------------|--------|------|
| Name: | | Job Title : | | |
| Address: | | City: | State: | Zip: |
| Home Phone No: () | | | | |

Please circle body part(s) affected:



Step 2

Follow -up with Risk Management & Internal Control

Contact the Workers' Compensation Coordinator immediately. Should this injury result in a Worker's Compensation Claim, the Workers' Compensation Coordinator