PROSPERITY PEO, LLC

Building Partnerships...Driving Success

Supervisor's
Report of Injury

Please Complete and Fax This Form Within 24 Hours of Injury to 877.520.7272 or email pay@prosperitypayroll.com

Employer Information

Client Number:	Client Name:
Contact Person:	

Employee Information

Employee Name:	DOB: / /
Social Security Number: - -	Daytime Phone:

Accident Information

Date of Accident: / / Time of Accident:

Where did the accident occur?

Describe the work being done and how the accident occurred:

Will the employee be paid in full for the day of the injury? ☐ Yes ☐ No

Did the employee return to work? ☐ Yes ☐ No If yes, date returned: / /

Were there any witnesses to the accident? ☐ Yes ☐ No

If yes, please list witness names:

Injury Information

Describe the type of injury in detail (please be specific):

Please list any pre-existing conditions that may apply:

Is there any doubt or question as to the validity of the injury? ☐ Yes ☐ No

Treatment Facility Information

Name: Phone: ( ) -

Address:

Please fax all notes provided by treating facility to 877.520.7272 or email pay@prosperitypayroll.com

Refusal of Treatment

Did the employee refuse treatment? ☐ Yes ☐ No

Did the employee refuse a drug screen? ☐ Yes ☐ No

Employee Signature: **Date:**

Supervisor Signature: **Date:**

PPL USE ONLY

Received by:	Processed by:
Date:	Date: