



Prosperity PEO

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: _____