

## Student Workers

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: \_\_\_\_\_