



**AURORA UNIVERSITY  
ON THE JOB ACCIDENT / ILLNESS REPORT**

AURORA UNIVERSITY

**Supervisors** must report all incidents involving an injury or illness of an employee. This form must be completed and forwarded to the Human Resources within 24 hours of the incident.

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date of Accident/Illness:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location of Accident:**

**Nature of injury/illness:** \_\_\_\_\_

**Specific part of body affected (e.g. left hand, right foot):** \_\_\_\_\_

**Object or substance responsible:** \_\_\_\_\_

**Details of incident:** \_\_\_\_\_

**Is this a lost workday case? Y N Last day worked:** \_\_\_\_\_

**Please explain how the accident occurred:** \_\_\_\_\_

**Any hazardous conditions, methods or lack of protective devices? Y N Explain:** \_\_\_\_\_

**How could accident/injury be prevented?** \_\_\_\_\_

**Names of witnesses:** \_\_\_\_\_

**Medical services provided? Y N Where:** \_\_\_\_\_

**Results (if known):** \_\_\_\_\_

**I have read this report and it is correct:**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



## AURORA UNIVERSITY

### INSTRUCTIONS FOR COMPLETING ON THE JOB ACCIDENT/ILLNESS REPORT

Employees who sustain an injury arising out of and in the course of their employment may be eligible for Workers' Compensation benefits in accordance with the laws of the State of Illinois or the State of Wisconsin.

If an employee sustains an injury or illness while working, it must be reported to the supervisor immediately. The supervisor must call, e-mail or come to Human Resources immediately to give an initial report with as much information as possible.

The supervisor must complete the On the Job Accident/Illness Report and submit it to Human Resources within 24 hours of the incident. In accordance with The Federal Occupational Safety and Health Act of 1970, all injuries must be reported, no matter how minor the injury may be, and all information requested on the form must be provided. Any delay in notifying Human Resources could delay the payment of benefits to the employee, and a delay of more than 45 days may result in a total loss of benefits.

Please record the information provided by the injured employee as completely and accurately as possible on the appropriate form. To the fullest extent possible, all areas of the form should be completed.

**TREATMENT:** Please indicate the location where the employee has gone or is going for treatment. Encourage the employee to seek immediate treatment, either from Dreyer Clinic (Aurora), Mercy Clinic Walworth (GWC) or from his or her own physician. The employee should advise the physician that the injury may be job-related, in which case the clinic or physician's office will provide the university's Workers' Compensation insurer with periodic updates as to his or her condition.

**LOST TIME:** Please inform Human Resources if the employee is expected to be absent from work due to the injury or illness, and when he or she is expected to return to work.

**RETURN TO WORK:** A healthcare provider's note **must** be provided by a returning employee indicating that the employee may return to work and detailing any restrictions. This will minimize the risk of further injury both to the employee and to the university.

- A. If temporary light duty is necessary, coordinate the return to work with Human Resources.
- B. If permanent restrictions are indicated, contact Human Resources prior to allowing the individual to return to work.

If you have any questions please contact the Human Resources immediately at 630-844-5493 or [hr@aurora.edu](mailto:hr@aurora.edu).