



## EMPLOYEE'S NOTICE OF INJURY

**EMPLOYER:** This form should be given by the employer to any employee who reports an occupational injury or illness to his/her employer. This form is used to provide written notice of an injury pursuant to §8-43-102 (1)(a).

**EMPLOYER AND EMPLOYEE:** Please read the instructions on reverse side before completing this form.

<b>Name of City/Town/Entity:</b>	
----------------------------------	--

<b>Employee's Name:</b> (First, middle, last)					
<b>Social Security Number:</b>			<b>Date of Birth:</b> (MM/DD/YYYY)		
<b>Mailing Address:</b>					
<b>Email Address:</b>					
<b>Phone Number(s):</b>	Home:		Work:		Cell/Other:

<b>Occupation/Job Title:</b>			
<b>Briefly explain how injury/illness occurred:</b>			
<b>Body Part(s) Injured:</b>			
<b>Place of Accident:</b>			
<b>Date of Injury:</b> (MM/DD/YYYY)		<b>Time of Injury:</b>	

<b>Did you notify your employer/supervisor at the time of the injury/illness?</b>	Yes:	No:
<b>Did you seek medical treatment at the time of the injury/illness?</b>	Yes:	No:
<b>Were you provided information regarding your employer's designated workers' compensation medical provider(s)? (e.g. Designated Provider List)</b>	Yes:	No:

<b>Employee Signature:</b>		<b>Date:</b> (MM/DD/YYYY)	
----------------------------	--	---------------------------	--

**PLEASE READ CAREFULLY**

The Colorado Revised Statutes, Section 8-43-102 provides:

(1)(a) Every employee who sustains an injury resulting from an accident shall notify said employee's employer in writing of the injury **within four days of the occurrence of the injury**. If the employee is physically or mentally unable to provide said notice, the employee's foreman, superintendent, manager, or any other person in charge who has notice of said injury shall submit such written notice to the employer. Any other person who has notice of said injury may submit a written notice to the said person in charge or to the employer, and in that event the injured employee shall be relieved of the obligation to give such notice. Otherwise, **if said employee fails to report said injury in writing, said employee may lose up to one day's compensation for each day's failure to so report**. If, at the time of said injury, the employer has failed to display the notice specified in paragraph (b) of this subsection (1), the time period allotted to the employee shall be tolled for the duration of such failure.

**INSTRUCTIONS TO EMPLOYEE**

1. All injuries, no matter how trivial, must be reported on this form to your employer immediately, but in any event within four working days of the occurrence of the injury.
2. Type or print your responses legibly.

**INSTRUCTIONS TO EMPLOYER**

1. Complete an Employer's First Report of Injury (WC 1) and submit it along with this form to the CIRSA Claims Department.
2. Note the date and time of receiving this notice from the employee in the space provided below.
3. Provide a copy of this completed Employee's Notice of Injury to the injured employee within two (2) working days.

**EMPLOYER'S ACKNOWLEDGMENT OF RECEIPT**

The foregoing completed Employee's Notice of Injury was received by the undersigned employer representative on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ a.m. / p.m.

A copy of the completed Employee's Notice of Injury was provided to the Employee on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ a.m. / p.m.

<b>Employer Representative Signature:</b>		<b>Date:</b> (MM/DD/YYYY)	
---	--	---------------------------	--