

BRYN MAWR

COLLEGE

To be completed by the supervisor with the employee, if possible. Complete and submit to EHS (ehs@brynmawr.edu) within 24 hours. Questions? Call EHS: (610) 526-5166.

Employee Information			
Employee Name		Date of Birth	
Job Title		Department	
Date of Hire		Hours	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time	
Employee Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Street City State Zip Code </div>		
Email Address:		Home Phone:	

Marital Widowed Divorced

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Injury Information			
Date of Injury		Date Reported to Supervisor	
Time of Injury			
Detailed narrative of how the			

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Name of treating facility: _____

(In case of emergency, go to nearest hospital emergency room. For non-emergencies or follow up care, call Human Resources at 610-526-5261 for assistance in arranging treatment from a designated workers' compensation doctor.)



The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone

