

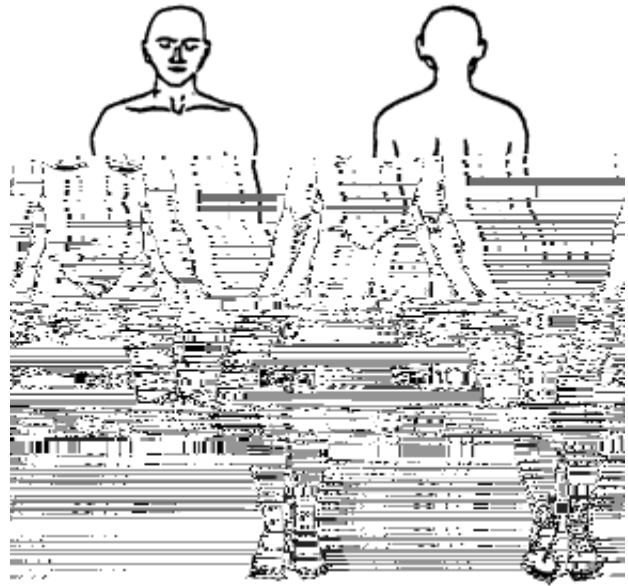
# CAL STATE EAST BAY

Risk Management & Internal Control - SA1600 - 25800 Carlos Bee Blvd - Hayward, CA 94542  
Tel: (916) 941-1155 (e) [wmcs@csueastbay.edu](mailto:wmcs@csueastbay.edu) or [wmcs@csu Hayward.edu](mailto:wmcs@csu Hayward.edu) For the original form

## I. INJURED/ILL EMPLOYEE

Name:	Job Title :		
Address:	City:	State:	Zip:
Home Phone No: (      )			

Please circle body part(s) affected:



Step 2

Follow -up with Risk Management & Internal Control

Contact the Workers' Compensation Coordinator immediately. Should this injury result in a Worker's Compensation Claim, the Workers' Compensation Coordinator