WISD
WESLACO INDEPENDENT SCHOOL DISTRICT
THE RIGHT CHOICE
Telephone (956) 969-6530
Fax (956) 973-2500

Weslaco Independent School District
Risk Management Department

319 West 4th Street
P.O. Box 266
Weslaco, TX 78599-0266

Dr. Priscilla Canales
Superintendent of Schools

Employee's Report of Accident or Incident

Name of Injured Employee: _____ S.S. or Employee ID no.:_____

Date of Accident: _____ Time of Accident: _____ A.M. / P.M.

Campus/Location of Accident/Incident: _____ Employee's position: _____

Name of Supervisor: _____ Supervisor's Phone number: _____

Date Accident/Incident was reported to Supervisor: _____

Name of Witness (if any): _____ Phone number: _____

Description of Injury: _____

_____

_____

_____

Body Parts Affected: _____

_____

_____

Do you require medical attention? ☐ Yes ☐ No, Record only

_____ _____
Employee Signature Date Signed

_____ TX _____
Employee Address City State Zip Employee Phone number

Form: WC Employee
Revised 04/16/2018