



Report of Injury/Occupational Illness

Employee/Volunteer/Program Participant

Cooperative Extension Employees

UNH Cooperative Extension employees who are injured on the job must complete a University of New Hampshire Report on Injury/Occupational Illness form which is submitted to their supervisor. This form is to be submitted immediately following the injury/illness. The following link is the official UNH webpage for workers compensation information and forms: <http://unhinfo.unh.edu/hr/wc.htm>

Volunteers and Program Participants

Volunteers and program participants, whether employed by UNH or not, should also complete this form if they are injured while attending or participating in an event sponsored by UNH Cooperative Extension. The UNH Cooperative Extension employee supervising the event will submit the completed form to their supervisor. **It is important to note however, that volunteers and program participants are not covered by workers compensation. If medical treatment is necessary please do not report the incident as a workers compensation claim.**

The forms submitted for non-university persons are submitted by your supervisor to the UNH Cooperative Extension BSC and ultimately they are sent to the University of New Hampshire Systems Office where they are filed for future reference; they are documentation that an injury/accident **occurred**. An injured person cannot be forced to complete the form, if the injured person chooses not to complete the form, the Extension Educator/Specialist supervising the event should document the situation carefully and include the names and addresses of witnesses. Should the University form not exactly meet your needs, complete the form as much as possible and attach a signed and dated narrative to the form including any additional pertinent data. Minimal documentation would include:

- Date, time and exact location of the incident
- Name, address and phone number of those involved
- Description of the accident/incident and action taken
- Name, address and phone number of any witnesses
- Your name, address, phone number and the date the report was written