

Employer's Supplemental Report of Injury

Cobb County

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee. Anytime an employee returns to work and is later absent again due to the same injury, a Supplemental Report must be filed immediately.

1. Name of Department: _____ Dept. #: _____

2. Full Name of Injured: _____

3. Month, Day and Year of Original Injury: _____

4. Month, Day and Year Disability Began: _____

5. Month, Day and Year Returned to Work: _____

6. Actual Number of Lost Scheduled Work Days: _____

7. Is Injured Employee Earning Same Wages as Before Injury? Yes _____ No _____

If Not, State Weekly Wage: \$ _____

8. ** Has Employee Been Released by the Doctor? Yes _____ No _____

9. Has Injured Died? Yes _____ No _____

If Yes, Month, Day and Year of Death: _____ Time of Death: _____

Month, Day and Year of this Report: _____

Employer's Name: ***Cobb County Board of Commissioners***

Signed By: _____ ***Supervisor and/or***

_____ ***Department Head***

**** Please Attach a Copy of the Doctor's Statement ****