

Hazardous Duty Injury

_____ *Cable County* _____

Employee Name: _____

Employee ID #: _____ Date of Injury: _____

Department: _____ Org. Unit #: _____

Hazardous Duty Injury is defined at "... bodily injury to an employee resulting from an activity within the scope and course of employment and that is due to exigent and life or limb threatening circumstances, provided said circumstances are not caused or contributed to by the employee's own conduct."

Describe below the injury and hazardous duty assignment that meets the definition provided above.

Anticipated period of absence: _____

I have reviewed the policy definition of Hazardous Duty Injury and the specifics of this accident. I have determined that this injury falls within the defined parameters and recommend the Committee determine this accident as a hazardous duty injury.

Department Head Signature

Date

Hazardous Duty Committee Determination
Approved: _____
Rejected: _____ *Date*