

APPLICATION FOR SALARY CONTINUATION FOR ABSENCE
DUE TO JOB-RELATED INJURY

Name of Injured Employee: _____

Social Security Number: _____

Title or Position of Employee: _____

College: _____

Specific Place at Which Injury
Occurred: _____

Date and Time of Injury: _____

Names and Witnesses to the Injury: (Note: If no witnesses, Employee must have statement
notarized below. Otherwise, notarized acknowledgment is desired, but not required.)

Cause of Injury: _____

Circumstances at the Time of Injury: _____

Description of Physical Damage to
Employee: _____

STATE OF ALABAMA)
COUNTY OF _____)

BEFORE ME, the undersigned Notary Public, personally
appeared _____,
who is known to me, and being duly sworn, confirmed on _____ day of _____,
20____, that the information contained hereinabove is true, accurate, and complete the best of
his/her knowledge and information.

Notary Public, State of Alabama
My Commission expires _____

PHYSICIAN'S STATEMENT

(Necessary if employee is requesting payment for an absence of more than three (3) working days or if the injury is an injury arising from job-related stress)

A. Diagnosis: _____

B. Treatment: _____

C. Prognosis: _____

D. Estimated Date for Return to Work: _____

Signature of Physician

Date

Office Address of Physician _____

Telephone: _____