LEMENTAL COLORITOR, Making Address (humbers (handers (humbers) from Coly, doi: 10.000 (https://doi.org/10.000 (https://doi.org	State of California  EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS				OSHA CASE NO.
THE PROPOSE WORK CONTROL Billion Address Dummer. Billion Control Contr					
ENABLE OF ACCESSION PROPERTY OF PROTORS SEAR, ASSA, ASSO, ASS NAME OF LIVET (up. PT. Workers to Work, Surins Risk Juli)  2 a. WICLARDOR PRODUE 3  2 b. ENCLOTED WORKS LOCATION, Walling Address; Munches, Street, City, Zo)  3 b. ENCLOTED WORKS LOCATION, Walling Address; Munches, Street, City, Zo)  4 NAVING OF BURNESS (up. Printing controller, wishcrise) grover, seamli, Index (uc.)  5 c. WALVERO PROPERTY SEAR OF STREET, STREET, City, Zo)  6 NAVING OF BURNESS (up. Printing controller, wishcrise) grover, seamli, Index (uc.)  6 NAVING OF BURNESS (up. Printing controller, wishcrise) grover, seamli, Index (uc.)  7 C. WALVERO PROPERTY OF BURNESS (up. Printing controller, wishcrise) grover, seamli, Index (uc.)  8 NAVING OF BURNESS (up. Printing controller, wishcrise) grover, seamli, Index (uc.)  9 NAVING OF BURNESS (up. Printing controller, wishcrise) grover, seamli, Index (uc.)  10 LOR ENGLISHED STREET, Up. Sea Controller, wishcrise) grover, seamli, Index (uc.)  11 LOREST DOKES (up. Index (up. In	knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is	date of the incident <b>OR</b> requires medical illness, the employer must file within <b>fiv</b>	al treatment beyond first aid. If an employee subse ve days of knowledge an amended report indication	quently dies as a result of a previously reporteng death. In addition, every serious injury, illn	ed injury or ess, or death
ENHANCE FORESTORES (A) AND	1. FIRM NAME	1		1a. Policy Number	
LEVELOPTE WORK COCATION, Malling Address (Number, Street, City, Zo)    ALL Location Code (NUM, Malling Address (Number, Street, City, Zo)	<b> </b>	CSO) AND NAME OF UNIT (e.g. PH, Welfa	are to Work, Santa Rita Jail)	2a. WC LIAISON PHONE #	
ANDUSTOR BUBBLESS (a.g. printing controller, wholerable grocer, saverill, helps, de.)  E. THE DE EMPLOYEE  IN THE DE EMPLOYEE  IN THE DESTRUCTOR SHAPE TO BUBBLESS (a.g. printing controller, wholerable grocer, saverill, helps, de.)  E. COUNTY  THE DESTRUCTOR SHAPE TO SHAPE THE MUSTOR MINISTER SOCIEDARS (COUNTY OF THE SHAPE)  IN THE SHAPE THE SHAPE TO SHAPE THE SHAP	P	ber, Street, City, Zip)		3a. Location Code (BLDG. #)	OAGE NUMBER
TYPE OF EMPLOYEE:    COUNTY ONLY COMESTOR LILESS   TIME INJURY FULL MESS OCCURRED   THE BRY LOVER ESCAN MORE   THE BRY LOVER ESCA	0			, ,	OWNERSHIP
COURTY VIEW ENDINGS OF CURRED DESCRIPTION FOR STREET OF SHAPE VIEW EMPLOYEE WAS PERFORMENT WHEN EVENT OR EXPOSURE OCCURRED (e.g. Weeking seams of model forms, leading boxes onto truck, etc.)  THE STREET WEEK SHAPE COURSES (a. THE SHAPE COURSE)  A THE SHAPE COURSES (b. THE SHAPE COURSE)  A THE SHAPE COURSES (b. THE SHAPE COURSE)  A SHAPE COURSE AND AND AND AND AND FOR TO SHAPE SHAPE COURSES)  A SHAPE COURSE AND AND AND AND AND AND FOR TO SHAPE SHAPE COURSES (b. THE SHAPE COURSE)  A SHAPE COURSE AND AND AND AND AND AND FOR TO SHAPE SHAPE COURSES (b. THE SHAPE COURSE)  A SHAPE COURSE AND	<b> -</b>	ale grocer, sawmill, hotel, etc.)		5. State unemployment insurance acct.no	
TELEBRIT TO ROUTE STEED AS COURSED DESCRIPTION IN THE EMPLOYEE WAS DESIGN WHEN EVENT OR EXPOSURE OCCURRED (a.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  2. COUNTY  AT EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED (a.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (b.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED (b.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS DESIGNED WHEN EVENT OR EXPOSURE OCCURRED (b.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS DESIGNED WHEN EVENT OR EXPOSURE OCCURRED (b.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS DESIGNED WHEN EVENT OR EXPOSURE WEEK GREAT OF EXPOSURE OCCURRED (b.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS DESIGNED WHEN EVENT OR EXPOSURE WEEK GREAT OF EXPOSURE OCCURRED (b.g. Weeking seems of metal forms, loading boxes onto truck, etc.)  3. SPECIFIC ACTIVITY THE EMPLOYEE WAS DESIGNED WHEN EVENT OR EXPOSURE WEEK GREAT OF THE MULPITAL MESS (b.g. Worker stopped back to inspect week service) and stopped work to be active to the extent possible was designed to the occupational activity and boxes of the multiple of the extent possible was designed to the occupational activity and boxes of the extent possible was designed to the occupational activity and boxes of the extent possible was designed to the occupational activity and boxes of the extent possible was designed to the occupational activity and boxes of the extent possible was designed to the occupational activity and boxes of the extent possible was designed to the occupational activity and boxes of the extent possible was designed to th		tate County	City School District	Other Gov't, Specify:	INDUSTRY
THE LABBATE FOR ART FALL FOR THE ART IN ALTER AND THE TOTAL CONTINUED.  TO ART OF EMPLOYERS AND LODGE (INCIDENCY TYPE No.	(mm/dd/vv)			10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	OCCUPATION
ANTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible of must report to the contential endoyee information is being used for occupational as feely and health purposes. See CCR Trile 8 14300.36(b)(27(6)):  27. CANTON Trile form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible occurrence or support which the information is being used for occupational as feely and health purposes. See CCR Trile 8 14300.36(b)(27(6)):  27. CANTOYEE USUALLY WORKS  28. COMPANY SURFINED TO SEE TO SECONDARY SURFINED TO SECONDARY	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY?  12. DATE LAST WORKED (mm/dd/yy)			14. IF STILL OFF WORK, CHECK THIS BOX:	OGGGI ATION
30. IOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)  21. ON EMPLOYER'S PREMISES?  Ves No  22. DURAY Worker slipped of III in the event?  Ves No  ATTENTION This Form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible whole the information is being used for occupational safety and health purposes. See CCR Talls 8 14300.29 (b)(8)-(10) & 14300.35(b)(2)(E):2.  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible whole the information is being used for occupational safety and health purposes. See CCR Talls 8 14300.29 (b)(8)-(10) & 14300.35(b)(2)(E):2.  ATTENTION This form contains information as listed in CCR Talls 8 14300.30(b)(3)(E):2.  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(3)(E):2.  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(5)(E):2.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(5)(E):2.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(5)(E):2.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(5)(E):2.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(6)(E):3.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(6)(E):3.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(6)(E):3.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(6)(E):3.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(E):4.  BENEFIT OF BODY  ATTENTION This form contains information as sisted in CCR Talls 8 14300.30(b)(E):4.  BENEFIT OF BODY  ATTENTION This form contains informatio	NJURY OR LAST				SEX
JOHN COUNTY  21. ON EMPLOYER'S PREMISES?  AT EXCHANGE EVENT OR EXPOSURE OCCURRED (a.g. Shipping department, machine shape, dc.)  22. CREMATIVENT WHERE EVENT OR EXPOSURE OCCURRED (a.g. Shipping department, machine shape, dc.)  23. CREMATIVENT WHERE EVENT OR EXPOSURE OCCURRED (a.g. Acetylene, welding torch, farm tractor, scaffold, etc.)  24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED (a.g. Acetylene, welding torch, farm tractor, scaffold, etc.)  25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (a.g. Welding seams of metal forms, loading boxes onto truck, etc.)  WEEKLY HOURS  26. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE WHICH DIRECTLY PRODUCED THE NULLYHILLIESS (a.g. Worker stopped back to inspect work and signed as core metal as to finit he brusbed against fresh wall, and burner right hand JUSE SEPARATE SHEET IF MCC653ARY  COUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentially of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title \$14300.29 (b)(8)-(10) & 14300.35(b)(2)(E)2.  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentially of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title \$14300.29 (b)(8)-(10) & 14300.35(b)(2)(E)2.  ATTENTION This form contains information as listed in CCR Title \$14500.38(b)(2)(E)2.  BY ATTENTION This form contains information as listed in CCR Title \$14500.38(b)(2)(E)2.  BY ATTENTION This form contains information as listed in CCR Title \$14500.38(b)(2)(E)2.  BY ATTENTION THIS form contains information as listed in CCR Title \$14500.38(b)(CR) (E)2.  BY ATTENTION THIS form contains information as listed in CCR Title \$14500.38(b)(CR) (E)2.  BY ATTENTION THIS form contains infor	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTS	ED, MEDICAL DIAGNOSIS if available (e.g. Se	econd degree burns on right arm, tendonitis on left elbo	w, lead poisoning, etc.)	AGE
Ves No 2. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED (e.g. Shapping department, machine abox, et.) 2. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED (e.g. Acetylene, welding torch, farm tractor, scaffold, etc.)  2. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (e.g. Welding seams of motal forms, loading boxes onto truck, etc.)  2. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (e.g. Welding seams of motal forms, loading boxes onto truck, etc.)  2. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE WHEN DESCRIPTION TO BE INJURY ILLIES S (e.g. Worker stapped back to inspect work and subject to scorp instead. As in in its incurabe aparent fresh well, and branch right hand; just 65PSAATE SWEET P INCESSARY  COUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Sec CCR Title 8 14300.29 ((b)(b)-(16) & 14300.39(b)/(2)(E)2.  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Sec CCR Title 8 14300.29 ((b)(b)-(16) & 14300.39(b)/(2)(E)2.  EVENT  EVENT  3. CEMPLOYEEUS STATUS  part distinct or information is being used for occupational safety and health purposes. Sec CCR Title 8 14300.29 ((b)(b)-(16) & 14300.39(b)/(2)(E)2.  EVENT  EVENT  SCONDARY SOURCE  SCONDARY SOURCE  EVENT  SCONDARY SOURCE  EVENT  SCONDARY SOURCE  EXTENT OF INJURY  AND SECONDARY SOURCE STATUS  POLICY WERE WASES ASSINCED  Date (minidaly):  EXTENT OF INJURY  Completed By (type or print)  Source of the purpose of processing as expensed processing as expensed or cereminate as a relative property of cereminate as a relative property of cereminate as a relative property of cereminate as a	N 20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (N	umber, Street, City, Zip)	20a. COUNTY	21. ON EMPLOYER'S PREMISES?	DAILY HOURS
DAYS PER WEEK    20. Other Workers injured or it in this event?   20. Other Workers in	u				
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED (e.g., Acetylene, welding torch, farm tractor, scaffold, etc.)  25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (e.g., Welding seams of metal forms, leading boxes onto truck, etc.)  26. SOUR INJURYILLINESS OCCURRED DESCRIBE SEQUENCE OF EVENTS, SPECIFY ORJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURYILLINESS (e.g., Worker stepped back to inspect work and surried right hand, just SEPARATE SIEET IF NECESSARY  COUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300, 28 (b)(6)-(10) & 14300, 36(b)(2)(E)2.  EVENT  E	Y 22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED	O (e.g. Shipping department, machine shop, e			DAYS DED WEEK
S. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (e.g. Welding seams of metal forms, loading boxes onto truck, etc.)  WEEKLY HOURS  WEEKLY HOURS  WEEKLY HOURS  WEEKLY HOURS  WEEKLY HOURS  WEEKLY WAGE  WEEKLY WAGE  WEEKLY WAGE  OUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300,29 (b)(6)-(10) & 14300,36(b)(2)(6)2.  PART OF BODY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300,29 (b)(6)-(10) & 14300,36(b)(2)(6)2.  EVENT  EVENT  SECONDARY SOURCE  37. EMPLOYEE USUALLY WORKS  TOURS WAGESSALARY  And THE WARD AND AND AND AND AND AND AND AND AND AN		EMPLOYEE WAS USING WHEN EVENT			DATOTERWEEK
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (e.g., Welding seams of metal forms, loading boxes onto truck, etc.)  WEEKLY WAGE  WEEKLY WAGE  WEEKLY WAGE  L 28. HOW NURVILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE NURVILLNESS (e.g., Worker stepped back to inspect work and slepted on Kray material. As he felt, to funded against fresh wald, and borness right hand; USE SEPARATE SHEET IF NECESSARY  COUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible which the information is being used for occupational sarlety and health purposes. See CCR Title 8 14300.29 (b)(6)-(110) & 14300.35(b)(2)(E)2.  WEEKLY WAGE  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible which the information is being used for occupational sarlety and health purposes. See CCR Title 8 14300.29 (b)(6)-(110) & 14300.35(b)(2)(E)2.  SOURCE  SOURCE  EVENT  SECONDARY SOURCE  To a semi-contains and possible services and service	R R				
B. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURYILLNESS (e.g. Worker stepped back to inspect work as dispect work and sispect on scrap material. As he fell, he brushed against from wold, and borned right hand; 1966 SEPANATE SHEET IF NECESSARY  COUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14390.29 (b)(6)-(10) & 14390.35(b)(2)(E)2.  EVENT  EVENT  EVENT  SECONDARY SOURCE  375. EMPLOYEE USUALLY WORKS  E AND	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFOR	RMING WHEN EVENT OR EXPOSURE O	OCCURRED (e.g. Welding seams of metal forms, I	oading boxes onto truck, etc.)	WEEKLY HOURS
B. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURYILLNESS (e.g. Worker stepped back to inspect work as dispect work and sispect on scrap material. As he fell, he brushed against from wold, and borned right hand; 1966 SEPANATE SHEET IF NECESSARY  COUNTY  ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14390.29 (b)(6)-(10) & 14390.35(b)(2)(E)2.  EVENT  EVENT  EVENT  SECONDARY SOURCE  375. EMPLOYEE USUALLY WORKS  E AND	I				WEEKLYWACE
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.  SOURCE  SECONDARY SOURC	L 26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE	E OF EVENTS. SPECIFY OBJECT OR EXPOS	SURE WHICH DIRECTLY PRODUCED THE INJURYIILLNE	ESS (e.g. Worker stepped back to inspect work	WEERLY WAGE
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.    SOURCE	E	sn weld, and burned right hand.) USE SEPAKA	TE SHEET IF NECESSARY		COUNTY
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.    Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.   EVENT	S				
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.    SOURCE					NATURE OF INJURY
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.    SOURCE					
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while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.    EVENT					
while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.    EVENT	ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible-				
SECONDARY SOURCE    No	_ ·			2)(E)2.	
The state of the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30), CCR Title 8 14300.30). CCR Title 8 14300.30)					EVENT
P L O Signature & Title    Completed By (type or print)   Signature & Title	E M				SECONDARY SOURCE
37. EMPLOYEE USUALLY WORKS    STEMPLOYEE USUALLY WORKS   37a. EMPLOYMENT STATUS regular, full-time temporary   37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED	P				
Legislar, full-time   part-time   part-time   part-time   temporary   seasonal     EXTENT OF INJURY	Y		37a. EMPLOYMENT STATUS	37b. UNDER WHAT CLASS CODE OF YOUR	
38. GROSS WAGES/SALARY  \$ per 39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes No  Completed By (type or print)  Signature & Title  Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and	<u> 5 </u>	k total weekly hours	regular, full-time part-time	POLICY WERE WAGES ASSIGNED	
\$ per Yes No  Completed By (type or print) Signature & Title Date (mm/dd/yy)  • Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and				ALADY (a with a mode avertime houses at a 22	EXTENT OF INJURY
• Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and	6. STOOD TROCKSONER				
claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and	Completed By (type or print)	Signature & Title			Date (mm/dd/yy)
claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and					
	claim; and under certain circumstances to a public health of	byee, former employee, or their personal or law enforcement agency or to a consul	representative (CCR Title 8 14300.35), to others for tant hired by the employer (CCR Title 8 14300.30). C	the purpose of processing a workers' compens CR Title 8 14300.40 requires provision upon r	sation or other insurance equest to certain state and