



Workers' Compensation Trust

A cooperative program of
Educational Service District 113

Online Employee Incident Report (EIR) Form

The ESD 113 Workers' Compensation Trust has made the EIR form available Online.

To access form, go to: <https://esd113.org/eir>

Process:

1. Employee completes online form and hits submit. A copy is distributed as follows:

- 1 to the Employee
- 1 to the Employee's Supervisor with a prompt for action:
 - They will get a code to complete the supervisor section (see 2 below)
- 1 to the Workers' Comp Trust (WCT)
- 1 to the WCT School District "SIF2" or designated contact person

2. The Supervisor Completes Supervisor section. A copy is distributed as follows:

- 1 confirmation of completion copy to the Supervisor
- 1 to the Employee
- 1 to the Workers' Comp Trust (WCT)
- 1 to the WCT School District "SIF2" or designated contact person

3. IF the employee seeks medical attention, they will need to contact the WCT to file a claim: 360-464-6880

For samples or more information please contact Stacia Bolger, Director Risk Management, at 360-464-6886.



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Employee Incident Report

If you seek medical treatment, call the ESD 113 Workers' Compensation Trust at (360) 464-6880 to file a claim.

School district *

School name *

Building Location Name (i.e. Green Elementary; District Office; Shady Glen High School)

Employee's full name *

Prefix

First

Middle

Last

Suffix

Date of birth *

Employee email *

Physical home address *

Street Address

Address Line 2

City

State

ZIP Code

Is the mailing address the same as the physical address?

Yes

No

Primary phone contact number *

Work phone contact number *

Job title *

Teacher, Custodian, Assistant, etc.

Department *

Administration, Food Service, Instruction, Maintenance, SPED, Transportation, etc.

Supervisor's name *

First and last

Supervisor's email *

Supervisor's phone *

Shift hours (start and end times) *

i.e. 8:00 am to 3:00 pm

Date of incident/injury *

Time of incident/injury *

HH

: MM

Location of injury *

Example: Field trip to the pumpkin patch, sporting event at school, en route/traveling

Did incident occur ON or OFF school premises? *

Description of injury *

Please provide a brief description of the incident/injury.

Were you doing your regular work? *

Body part(s) injured *

Example: Left leg, right elbow, low back, head, left middle toe, etc.

Type of injury *

Example: Bruise, cut, scratch, sprain, strain, fracture, etc.

Reported incident to *

Provide the name of the person you reported your incident to. If you did not report it, enter "Not Reported".

Date reported *




Witness(es) to incident *

Provide witness name, or if none enter "None"

Seeking medical treatment? *

Contact Us






Our main office is open weekdays,
8 am – 4:30 pm, *except holidays*.

 6005 Tye Dr SW
Tumwater, WA 98512
 360-464-6700
 360-464-6900




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