



SCHOOL EMPLOYEES LOSS FUND (SELF)

Accident Investigation/Incident Cover Sheet

To: _____ **From:** _____
Date: _____ **Pages:** _____
Re: _____

School District Name:	
School Name:	School Type Code:
Department (Check One):	School Type (Check One):
<input type="checkbox"/> 001 MECHANICAL <input type="checkbox"/> 002 OTHER <input type="checkbox"/> 003 ADMINISTRATIVE STAFF <input type="checkbox"/> 004 SCHOOL PRINCIPAL / SUPERINTENDANT / DIRECTOR <input type="checkbox"/> 005 TEACHERS & ATHLETIC COACHES <input type="checkbox"/> 006 AIDS – TEACHERS, PE, BUS, CLINIC, SPECIAL ED <input type="checkbox"/> 007 BOOKKEEPER – SECRETARY – FTE CLERK <input type="checkbox"/> 008 BUS DRIVER <input type="checkbox"/> 009 MAINTENANCE / CUSTODIAL <input type="checkbox"/> 010 DRIVERS – FOOD SERVICE / WAREHOUSE <input type="checkbox"/> 011 LUNCHROOM <input type="checkbox"/> 012 CETA <input type="checkbox"/> 013 SCHOOL HEALTH WORKER <input type="checkbox"/> 014 O.P.S. (TEMPORARY EMPLOYEE) <input type="checkbox"/> 015 NURSE	<input type="checkbox"/> 001 HIGH SCHOOLS <input type="checkbox"/> 002 JR. HIGH / MIDDLE SCHOOLS <input type="checkbox"/> 003 ELEM / PRIMARY SCHOOLS <input type="checkbox"/> 004 PRE SCHOOLS <input type="checkbox"/> 005 SPECIAL ED SCHOOLS <input type="checkbox"/> 006 ADMINISTRATIVE OFFICES GARAGE / TRANSPORTATION <input type="checkbox"/> 007 FACILITIES <input type="checkbox"/> 008 MAINTENANCE / STORAGE / WAREHOUSE FACILITIES

Select Occupation Code (Check One):	<input type="checkbox"/> 7380 Bus Drivers <input type="checkbox"/> 8868 Teachers, Teachers Aids Admin. Staff, Clerical, Cafeteria and Lunchroom Supervisors <input type="checkbox"/> 9101 Custodial, Maintenance, and All Other Employees
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Comments:

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