

**DELANO UNION ELEMENTARY SCHOOL DISTRICT
EMPLOYEE REPORT OF ILLNESS**

(To be filled out with Supervisor within 24 hours of illness)

Employee Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Reference Number: _____

Classification: _____ Work Schedule: _____

(Hours from when to when: 7:30 am - 4:30 pm)

Work Site: _____

Location site of Illness: _____ Date/Time of Illness: _____

Describe what the employee was doing when the illness occurred:

Describe where the illness began (sidewalk, classroom, gym, etc.):

Summarize illness:

Nurse comments: _____

Witnesses or other persons involved: _____

Date of this Report: _____ Administrator's Signature: _____