

Insert selfinsured employer and insurer name, address, phone number, and service company, if any.

Saif Corporation
400 High St SE
Salem, OR 97312

saif801@saif.com
Toll- free phone: 1 -800-285-8525
Toll-free fax: 1 -800-475-7785

Report of Job Injury or Illness

Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give it to your employer. If you ~~do not~~ file a workers' compensation claim with the insurance company, do not sign the signature line. ~~Your employer will give you a copy~~

Date of injury or illness:	Date you left work:	Time you began work on day of injury:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Regularly scheduled days off:	<div style="border: 1px solid black; padding: 2px;">DEPT USE:</div> Emp
Time of injury or illness:	Time you left work:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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