

WORKERS' COMPENSATION CONTACT INFORMATION

EMPLOYEE CONTACT INFORMATION

Employee Name: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Work Email Address: _____

Best time of day to contact by phone: _____

SUPERVISOR CONTACT INFORMATION

Supervisor Name: _____

Supervisor Work Phone: _____ Cell Phone: _____

Supervisor Work Email Address: _____

SEND FORM TO RISK MANAGEMENT:

Fax 865-273-5778

Email to ljackson@blounttn.org and tpton@blounttn.org