



## WILLIAMSON COUNTY SCHOOLS

### Report of Physical Assault of an Employee

Per WCS Board Policy 5.307, an employee who is absent from assigned duties as a result of personal injury caused by physical assault or other violent criminal acts committed in the course of the employee's duties may qualify for WCS Physical Assault Leave. To be considered for physical assault leave, the employee must immediately report the injury to the building principal or his/her designee. This form should be completed within **3 business days** and submitted to Human Resources via email at [HRRequest@wcs.edu](mailto:HRRequest@wcs.edu). Employees are also required to complete the Worker's Compensation Employer's [First Report of Work Injury or Illness](#) form and adhere to the [Employee's Choice of Physical](#) Medical Panel.

\*An employee seeking physical assault leave must also submit a doctor's statement verifying the nature, extent, and duration of the disability, including an estimated return to work date. This will need to be submitted within **3 business days** to Human Resources via email [HRRequest@wcs.edu](mailto:HRRequest@wcs.edu).

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Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_ School/Dept: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Location of Injury (Building and Room): \_\_\_\_\_

Describe the incident that resulted in your injury, who or what caused the injury and a description of the injury you sustained.

Did you seek immediate medical attention? Yes ☐ No ☐ On what date? \_\_\_\_\_

Medical Office in which you received medical treatment? \_\_\_\_\_

Has an Employer's First Report of Work Injury been submitted? Yes ☐ No ☐

*Once this form has been submitted, HR will reach out to you with next steps.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_