

**Notice of Job-Related Injury to Employer Pursuant to §287.420 R.S.Mo.**

Today's Date: \_\_\_\_\_

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

Employee Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time of Accident/Injury: \_\_\_\_\_

Nature of Injury or Occupational Disease: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place of Accident or Exposure: \_\_\_\_\_

*For Occupational Disease or Repetitive Trauma claims only:*

Date and Time of Diagnosis of Medical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIRECTIONS:** This written notice must be given to the Employer within 30 days of the date of accident or injury, or within 30 days of a diagnosis of an occupational disease or condition caused by repetitive trauma. Give the original to the Employer as soon as possible, give a copy to your Union (if applicable), and retain a copy for yourself. Also note and write down the name of the person you delivered your notice to.