



PART-TIME RECREATION EMPLOYEE

Appendix K -
SAMPLE Forms



A department of MPS

Milwaukee Recreation

5225 W. Vliet St. Rm. 162
Milwaukee, WI 53208
P: 414.475.8180
mkerec.net

Employee ID

Location

Program

Position

First Name

Last Name

Start Date

End Date

Evaluation Scale

- 1 Not Effective- Does not meet expectations set for employee
- 2 Minimally Effective- Occasionally meets expectations set for employee
- 3 Meeting Expectations- Consistently delivers on expectations set for employee
- 4 Exceeds Expectations- Occasionally surpasses expectations set for employee
- 5 Exceptional- Steadily surpasses expectations set for employee

Please rate employee on Job Readiness

	Not Effective	Minimally Effective	Meeting Expectations	Exceeds Expectations	Exceptional
Reports to work on time					
Is in correct uniform for their assignment					
Is job ready at the start of their shift					

Comment

Please rate employee on Organizational Knowledge

	Not Effective	Minimally Effective	Meeting Expectations	Exceeds Expectations	Exceptional
Is familiar with the Emergency Action Plan procedures					
Department programmatic knowledge					
Completed trainings and/or professional development associated with position					

Comment

Please rate employee on Communication

	Not Effective	Minimally Effective	Meeting Expectations	Exceeds Expectations	Exceptional
Demonstrates proper oral and written communication					
Communicates well with co-workers					
Communicates well with participants/customers					
Communicates in a timely fashion to direct supervisor when tardy or absent					

Comment

Please rate employee on Professionalism

	Not Effective	Minimally Effective	Meeting Expectations	Exceeds Expectations	Exceptional
Maintains professional demeanor appropriate for work setting					
Engages in work tasks and demonstrates willingness to perform tasks associated with the position					
Presents a positive attitude to both internal and external customers					

Comment

Please rate employee on Knowledge of Recreation's Handbook/Policies

	Not Effective	Minimally Effective	Meeting Expectations	Exceeds Expectations	Exceptional
Adheres to the Part-Time Recreation employee code of conduct policy					
Adheres to program specific handbook policies where applicable					
Demonstrates dedication to MKE REC policy on inclusion and equity					

Comment

Corrective action may be implemented for individuals not meeting expectations during their assignments. A supervisor may choose not to rehire staff members receiving and overall average rating of less than 2 on their seasonal evaluation.

All evaluations Must Be Signed by the employee or the reason for not signing should be stated here:

Evaluation Score	Raise Eligible	Employee Status
	Yes	Resigned
		Terminated
	No	Eligible for Rehire

Employee Signature	Date
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Evaluator Signature	Date
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AVAILABILITY FORM



RETURN TO: Attn: _____
Department of Recreation and Community Services
5225 W. Vliet Street, Room 56 – Milwaukee, WI 53208

Returning MPS Employee

ID # _____

CHECK ALL YOU ARE INTERESTED IN: **YEAR:** 201 ☐ Spring ☐ Summer ☐ Fall ☐ Winter

<input type="checkbox"/> Active Older Adults	<input type="checkbox"/> Before & After School Child Care	<input type="checkbox"/> Midnight League	<input type="checkbox"/> Summer Recreation Enrichment Camps
<input type="checkbox"/> Adaptive Athletics	<input type="checkbox"/> Community Centers	<input type="checkbox"/> Mobile Units	<input type="checkbox"/> Therapeutic Recreation
<input type="checkbox"/> Adult Enrichment (Instructor)	<input type="checkbox"/> Driver Education	<input type="checkbox"/> Outdoor Education	<input type="checkbox"/> Twilight Centers
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Elementary Sports	<input type="checkbox"/> Playgrounds	<input type="checkbox"/> Wellness
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Middle School Sports	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Youth Enrichment (Instructor)

INSTRUCTIONS: *Print answers in INK. Date and sign the application below.* **TELEPHONE #'S:**

Last Name:	First Name:	MI:	Cell / Mobile Phone:
Former Names Used:			Home:
Address:	City / State:	Zip:	Work / Business:
Email:	@		

CONTACT INFO UPDATES SINCE LAST SEASON?:

☐ MAILING ADDRESS (since last season?) ☐ TELEPHONE #? Which One(s): ☐ Cell ☐ Home ☐ Work

CHECK ONE Sex: ☐ Male ☐ Female ☐ Other **Marital Status:** ☐ Divorced ☐ Married ☐ Single

Ethnicity: ☐ American Indian ☐ African American ☐ Asian ☐ Hispanic ☐ White ☐ Other

EMERGENCY CONTACT

Full Name _____ Relationship _____

Address/City/Zip _____ Phone (Primary) _____ Phone (Other) _____

DAYS AND TIMES AVAILABLE: **EARLIEST DATE AVAILABLE TO START:** _____

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING HOURS:	_____	_____	_____	_____	_____	_____	_____
AFTERNOON HOURS:	_____	_____	_____	_____	_____	_____	_____
EVENING HOURS:	_____	_____	_____	_____	_____	_____	_____

PREVIOUS MPS DEPARTMENT OF RECREATION POSITION(S): *(Please list most recent first)*

LOCATION: _____ YEAR: _____ POSITION: _____

LOCATION: _____ YEAR: _____ POSITION: _____

Yes ☐ No ☐ Are you related (by blood or marriage) to a current MPS part-time, or full-time recreation employee? (This includes guardianships as well as legal adoptions.) If yes, list individual name(s), relationship & work location(s). _____

Yes ☐ No ☐ Are you a student? School _____ Year _____ Major _____

SKILLS / ABILITIES: *(Please list any New Skills you could instruct or trainings you have had since your last assignment)*

CERTIFICATIONS: *(Please check (✓) those that apply)*

☐ CPR (Cardiopulmonary Resuscitation) ☐ First Aid ☐ Lifeguard Training ☐ Water Safety Instruction

Expiration Date: ____/____/____ Expiration Date: ____/____/____ Expiration Date: ____/____/____ Expiration Date: ____/____/____

MILWAUKEE PUBLIC SCHOOLS IS REQUIRED TO UPDATE CRIMINAL BACKGROUND RECORDS ON EACH EMPLOYEE.

NOTE: Convictions and pending charges are not an automatic bar to employment, but are reviewed in relation to the job for which you applied.

I certify that all statements made on this application are true, complete, accurate and not misleading to the best of my knowledge. I understand that any false or incomplete statements or misrepresentations may subject me to disqualification or dismissal. I further understand that after I am hired and during my employment, I am responsible for notifying the Director of Recreation or his/her designee of any convictions or pending charges involving criminal offenses, including felonies, misdemeanors and ordinance violations.

APPLICANT SIGNATURE _____ **DATE** _____

NOTE: FILLING OUT THIS AVAILABILITY DOES NOT GUARANTEE AN ASSIGNMENT!

tb: Form 4.4.3(f1) – Availability Form



**MILWAUKEE
PUBLIC SCHOOLS**

OFFICE OF HUMAN RESOURCES
Staffing Services
5225 W. Vliet Street
P.O. Box 2181
Milwaukee, Wisconsin 53201-2181
Phone: (414) 475-8224
Fax: (414) 475-8722

NAME CHANGE FORM

- ☐ Mr.
☐ Mrs.
☐ Ms.

Please Print

New Name: _____
(Last Name) (First Name) (M.I.)

Former Name: _____
(Last Name) (First Name) (M.I.)

Current Address: _____

Note: If your address has changed please go to employee self service from the portal and change your address.

Employee I.D #: _____
(It is the 6-digit number on the upper left hand corner of your paycheck).

Position: _____

Current Location: _____

Reason For Change: ☐ Marriage
☐ Divorce
☐ Other

Date of event change: _____
(Not today's date)

Signature _____

Today's Date _____

Please Note:

If you need to make changes to your pension, life insurance, or beneficiary, please inquire at the receptionist desk.



A department of MPS

ASSIGNMENT & INFORMATION CARD

☐ CURRENT MPS EMPLOYEE (NOT REC)
☐ MINOR (Must have WORK PERMIT attached)

202 ☐ SPRING ☐ SUMMER ☐ FALL ☐ WINTER

CURRENT REC STATUS: ☐ NEW ☐ ADD ☐ RHR ☐ ACT

_____ FName	_____ LName	_____ MI	_____ MPS ID#	_____ DOB
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ADDRESS: ☐ CHECK HERE IF THIS IS A NEW ADDRESS _____ City _____ Zip _____

PHONE Cell _____ PHONE Home _____ PHONE Work _____

EMAIL: _____ @ _____

CHECK ONE

SEX: ☐ Male ☐ Female

MARITAL STATUS: ☐ Divorced ☐ Married ☐ Single

ETHNIC CODE: ☐ American Indian ☐ African American ☐ Asian ☐ Hispanic ☐ White ☐ Other

EMERGENCY CONTACT

Full Name _____ Relationship _____

Address / City / Zip _____

Phone (Cell) _____ Phone (Other) _____

PERSONAL DATA

ASSIGNMENT

LOCATION / Site #	JOB TITLE	ASSIGNMENT START DATE	ASSIGNMENT END DATE	HOURLY RATE
_____ RL POSITION	_____ DAYS Assigned	_____ HOURS Assigned	_____ / /	_____ / / \$

☐ Rate Deviation Approved

INITIAL	UPDATED	BUDGET CODE	EW	SUPERVISOR	MANAGER
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LOCATION / Site #	JOB TITLE	ASSIGNMENT START DATE	ASSIGNMENT END DATE	HOURLY RATE
_____ RL POSITION	_____ DAYS Assigned	_____ HOURS Assigned	_____ / /	_____ / / \$

☐ Rate Deviation Approved

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_____ RL POSITION	_____ DAYS Assigned	_____ HOURS Assigned	_____ / /	_____ / / \$

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LOCATION / Site #	JOB TITLE	ASSIGNMENT START DATE	ASSIGNMENT END DATE	HOURLY RATE
_____ RL POSITION	_____ DAYS Assigned	_____ HOURS Assigned	_____ / /	_____ / / \$

☐ Rate Deviation Approved

INITIAL	UPDATED	BUDGET CODE	EW	SUPERVISOR	MANAGER
---------	---------	-------------	----	------------	---------



DIRECT DEPOSIT AUTHORIZATION

Name: Last _____ First _____ M.I. _____ Employee I.D. _____

Check one: ☐ ENROLL ☐ CHANGE ☐ REQUEST a Rapid! PayCard

A. Send \$_____ to the financial institution below for each pay period: Financial Institution: _____ Routing Number: _____ Account Number: _____ Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a voided check or savings deposit slip</i>	B. Send the <u>entire</u> amount or <u>balance</u> of my net pay to: Financial Institution: _____ Routing Number: _____ Account Number: _____ Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a voided check or savings deposit slip</i>
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I authorize MPS and the Financial Institution(s) listed above to direct deposit my net pay to my account(s), and this includes my authorization for MPS to reverse any entries made in error. This authority will remain in effect until I provide the Payroll Dept. with written notice to change or cancel my account(s). I also agree to inform the Payroll Dept. when I close my account(s). I will pay service charges for items returned for more than one successive pay period. I also have read and agree to the rules on the bottom of the form.

Signature: _____ Date: _____ Phone: (____) _____

IMPORTANT:

- All MPS employees are required to establish and maintain an active direct deposit account for their pay checks according to the "Employee Handbook".
- You may split your direct deposit between two separate accounts: either within the same financial institution or between financial institutions. If you have two accounts, enter the account number for the account receiving the deposit amount in Box A above and the account number for the account receiving the entire or balance amount in Box B above.
- To pick up a Rapid! PayCard immediately, you must come to the Payroll Dept. with a picture I.D.
- If you're changing an account number, financial institution, or enrolling for the first time, it will take two payroll periods for your direct deposit to go into effect.
- If you have more than one MPS job, only your primary job may be split between two accounts; all funds from any secondary job(s) will be deposited into the "balance" account.
- Bank fees associated with direct deposits returned to MPS due to closed accounts will be passed on to the employee after one grace period.
- In the event MPS overpays an employee enrolled in the Direct Deposit program, federal ACH rules allow MPS five (5) days to reverse the erroneous deposit. In the event of a reversal, MPS will contact the employee and will either initiate a second direct deposit or issue a payroll check, at the discretion of MPS.
- MPS Payroll Dept. 5225 W. Vliet St. Milwaukee, WI 53208, contact information: payroll@milwaukee.k12.wi.us or fax (414) 475-8389



Administrative Policies of the Milwaukee Public Schools

Administrative Policies 6.34

Staff Acceptable Use Policy (AUP)

Milwaukee Public Schools offers electronic network access for students, teachers, and other staff within the school system. The purpose of having the electronic network is to support the instructional program including learning opportunities, business applications, information retrieval, searching strategies, research skills and critical thinking. This document defines the acceptable use of the MPS network system (i.e. WAN, LAN, Internet, and Email) and computer resources by MPS Staff.

(1) EDUCATIONAL PURPOSE

- (a) The district's network system has been established for educational and administrative purposes. The term educational purposes includes classroom activities, continuing education, professional or career development, and high-quality, educationally enriching personal research.
- (b) The district's network system has not been established as a public access service or a public forum. The district has the right to place restrictions on the material which staff accesses or posts through the system. Staff is also expected to follow the rules set forth in this policy and the law in staff's use of the network system. Disciplinary action may take place against MPS staff that breaks rules as defined in MPS administrative policy.
- (c) Staff may not use the network system for commercial purposes. This means that staff may not offer, provide, or purchase products or services through the network system.

(2) RULES AND REGULATIONS

- (a) **ACCEPTABLE USE** Milwaukee Public Schools networks are to be used in a responsible, efficient, ethical, and legal manner and must be in support of the educational objectives and employee guidelines of Milwaukee Public Schools.

(b) UNACCEPTABLE USE

- 1. Unacceptable use includes, but is not limited to, the following:
 - a. violation of copyright/trademark laws
 - b. use of threatening or obscene material
 - c. political or campaign materials
 - d. Sending or soliciting sexually-oriented messages or images
 - e. Changing settings on computers
 - f. Disrupting the network through casual use of the Internet
 - g. Accessing chat rooms and other social networking sites, except those set up and/or approved by school administration
 - h. Accessing programs not appropriate for educational use
 - i. Unauthorized use of password-protected programs (SIMMS, IFAS, Portal, eSIS, etc.).
- 2. the casual use of the email system is permitted as long as it does not interrupt the network or interfere with the employee's assignments and the email item is a legal document.
- 3. Listservs may never be used for personal emails nor may the employee use district-wide school/department email addresses.
- 4. Use of offensive or harassing statements or language, including profanity, vulgarity, and/or disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, or religious or political beliefs, is prohibited.
- 5. Staff shall not cyber-bully another person. Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another staff member or student by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures, or images, or website postings.

(3) SYSTEM SECURITY AND RESOURCE LIMITS

(a) SYSTEM SECURITY

1. Attempts to login to the system as any other user, to share a password, or to allow a security breach may result in cancellation of user privileges.
2. Staff will immediately notify a system administrator if he/she has identified a possible security problem. Staff, however, shall not look for security problems, because this may be construed as an unlawful attempt to gain access. Staff shall not demonstrate any such problem to other users. Messages relating to, or in support of, illegal activities may be reported to the authorities.
3. Staff will avoid the inadvertent spread of computer viruses by following the district's virusprotection procedures.
4. Listservs may never be used for personal emails nor may the employee use district-wide school/department email addresses.

(b) Resource Limits

Staff will not download files unless absolutely necessary for educational or administrative purposes. If deemed necessary, staff shall immediately remove the file from the computer/network after there is no longer a need access to it.

(4) EMAIL ACCOUNTS

- (a) Email accounts are to be used only by the owner.
- (b) Electronic mail is not guaranteed to be private; system operators have access to all mail.
- (c) All staff email is archived for a period of seven years, in accordance with the Open Records Act.

(5) PRIVACY

(a) PRIVACY

1. Staff should expect only limited privacy in the contents of their personal files on the network system and records of their online activity. This district's monitoring of Internet usage can reveal all activities in which staff engage in using the network system.
2. Routine maintenance and monitoring of the network system may lead to discovery that staff has violated this policy or the law. An individual search will be conducted if there is reasonable suspicion that staff has violated this policy or the law. The investigation will be reasonable and related to the suspected violation.
3. Confidential files are to be accessed only by appropriate personnel.

(b) DUE PROCESS

1. The district will cooperate fully with local, state, or federal officials in any investigation related to any unlawful activities conducted through the network system.
2. In the event there is a claim that a member of the staff has violated this policy in his/her use of the network system, he/she will be provided with notice and opportunity to be heard in the manner set forth in administrative policy.

(5) LIMITATION OF LIABILITY

The district will not guarantee that the functions or services provided through the network system will be without error. The district will not be responsible for any damage which staff may suffer, including, but not limited to loss of data, interruptions of service, or exposure to inappropriate material or people. The district will not be responsible for the accuracy or quality of the information obtained through the network system. The district will not be responsible for financial obligations arising through the unauthorized use of the system.

I have read both sides of this document and understand my privileges and responsibilities. (Original Ink only)

PRINTED Full Name (include your middle initial) <u>John R. Doe</u>		Date <u>4/20/13</u>
Home Address <u>5225 W. Vliet Street</u>		City <u>Milwaukee</u> State <u>WI</u> Zip <u>53208</u>
Last four digits of Social Security number <u>1234</u>	Birth month & day (MM/DD) <u>01/01</u>	Home Telephone <u>414</u> - <u>123</u> - <u>4567</u>
School Site or Department Name (No initials) <u>Recreation</u>		Site Number (three digits) _____
Position or Title <u>Building Monitor</u>	YOUR Signature MUST SIGN FORM!	
Authorizing Signature Authorizing SUPERVISOR MUST SIGN FORM!		Supervisor's Employee ID # _____

Please sign and return to the Milwaukee Public Schools, Dept. of Technology, Rm. 154, 5225 W. Vliet St. Milwaukee, WI 53208, or Fax: 414-475-8015
6/22/11



**MILWAUKEE
PUBLIC SCHOOLS**

SAMPLE

Office of Family Services
Central Services
5225 West Vliet Street
P.O. Box 2181
Milwaukee, Wisconsin 53201-2181
Phone: (414) 475-8448
Fax: (414) 475-8626

Child Abuse & Neglect Reporting Form

SCHOOL REPORT – SUSPECTED ABUSE/NEGLECT

****Bureau of Milwaukee Child Welfare (BMCW) (414) 220-SAFE (7233) or
MPD Sensitive Crimes (414) 935-7402**

School: Morse-Marshall School Address: 4141 N. 64th St.
School Phone: 414-393-2502 School Social Worker: Try to include this!

(Please complete the following prior to making your telephone call. BMCW does not accept letters or faxes.)

CHILD'S NAME:	<u>Jimmy Doe</u>	Sex:	<u>M</u>	Birth Date:	<u>01/01/2000</u>
Address:	<u>5225 W. Vliet ST</u>	Phone:	<u>414-123-4567</u>	ID:	<u>123456</u>
Parent/Guardian:	<u>John Doe</u>	Address:	<u>5225 W. Vliet St.</u>		
Home Phone:	<u>414-123-4567</u>	Work Phone:	<u>414-987-6543</u>		

	Name	Relationship	Home Phone	Work Phone
PRIMARY ADULT CAREGIVER:	<u>John Doe</u>	<u>Father</u>	<u>123-4567</u>	<u>987-6543</u>
OTHER ADULT CAREGIVER:	<u>Jane Doe</u>	<u>Mother</u>	<u>123-4567</u>	<u>987-6543</u>
OTHER ADULTS IN HOME:	<u>n/a</u>			

	Name	Age	Relationship	School
CHILDREN IN THE HOME:	<u>Jenny Doe</u>	<u>11</u>	<u>Sister</u>	<u>Morse-Marshall</u>

ALLEGED MALTREATERS					
Name:	<u>John Doe</u>	Age:	<u>35</u>	Relationship:	<u>Father</u>
Name:	<u>Jane Doe</u>	Age:	<u>35</u>	Relationship:	<u>Mother</u>

DESCRIPTION OF THE SUSPECTED ABUSE & NEGLECT

Describe indicators of abuse/neglect, incident, date, time & place. Describe physical/emotional condition of child. Describe the maltreater's access to the child.

Fill out this section completely providing as much detail as possible!

NAME OF CURRENT BMCW SOCIAL WORKER (if any): Try to include this!

Bureau of Milwaukee Child Welfare Worker's Name (request this):	<u>Must be filled in!</u>		
Date of call made to Protective Services (BMCW):	<u>Document call here!</u>		
Mandated Reporter's Name (Your Name):	<u>Name Required!</u>	Title:	<u>Building Monitor</u>

(THIS REPORT MUST NOT BE KEPT IN CUMULATIVE FOLDER)

Copies to: Principal/School Leader School Social Worker Initial Mandated Reporter

SAMPLE

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

REPORT OF ACCIDENT TO EMPLOYEE
UNDER WORKER'S COMPENSATION ACT

SCHOOL, SITE, OR DEPARTMENT Juneau	EMPLOYEE HEALTH PLAN United Healthcare	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PENSION # 123456	HOW IS EMPLOYEE BEING PAID? INJURY <input type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input checked="" type="checkbox"/>	
TYPE OF INJURY (The Part of Body affected and the Nature of Injury or Illness) Broken right wrist		
NAME OF WITNESSES John Doe, 123-4567		

The provision of your social security number is voluntary. Failure to provide it may result in an information processing delay.
Personal information you provide may be used for secondary purposes [Privacy Law S. 15.04 (1) 1m]

EMPLOYEE	Employee Name (First, Middle, Last) Ron Johnson		Social Security Number 123-45-6789		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. (414) 123-4567	
	Employee Street Address 5225 W. Vliet St		City Milwaukee		State WI	Zip Code 53208	Occupation Director
	Birthdate Month 11	Day 16	Year 1977	Date of Hire July 9, 2012	County and State where accident or exposure occurred Milwaukee County, Wisconsin		
	Employer Name Milwaukee Public Schools		WI Unemployment Insurance Account No. 696234		Self-insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Nature of Business (xxxxx xxxxx) School District
EMPLOYER	Employer Mailing Address P.O. Box 2181		City Milwaukee		State WI	Zip Code 53201-2181	Employer FEIN 396003467
	Name of Worker's Compensation Insurance Co. or Self-Insured Employer City of Milwaukee						Insurer FEIN 396003467
	Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. 200 E. Wells Street, Room 701, Milwaukee, WI 53202						TPA FEIN 396005632
	Wage at Time of Injury \$ 9.10		Specify wage per hr. same		In Addition Wages Check Box(es) if: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips Employee Received: <input type="checkbox"/> No. of Meals/wk. <input type="checkbox"/> No. of Days/wk. <input type="checkbox"/> Avg. Weekly Amt. \$		
WAGE INFORMATION	Is worker paid for overtime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, after how many hours of work per week?						
	For the 52 week period prior to the week the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary commission and bonus or premium earned for such weeks.						
	No. of Weeks: 42		Gross Amount Excluding Tips \$ \$7,644		If Piece-Work, No. of Hrs. Excluding Overtime: n/a		
	Employee's Usual Work Schedule When injured:		Start Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Hours Per Day 3	Hours Per Week 12	Days Per Week 4	
	Employer's Usual Full-Time Schedule For This Type of Work At Time of Employee's Injury			4	20	5	
	Part-Time Employment Information:		Are there other part-time workers doing the same work with the same schedule? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? 6		Number of full-time employees doing the same type of work: none		
	Injury Date 4/20/13	Time of Injury AM 6:13PM	Last Day Worked 4/20/13	Date Employer Notified 4/20/13	<input type="checkbox"/> Date Returned to Work <input checked="" type="checkbox"/> Estimated Date of Return 5/20/13		
	Did injury cause death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Death n/a	Was this a lost time or other compensable injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Did injury occur because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules	
	Was employee treated in an emergency room? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name and address of Treating Practitioner and Hospital: Wheaton Franciscan, 444 S. 108th St.		Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Case Number from the OSHA Log:						
Injury Description - Describe activities of employee when injury or illness occurred and what tools, machinery, objects, chemicals etc. were involved Provide as much detail as possible. What happened to cause this injury or illness? (Describe how the injury occurred) Provide as much detail as possible. What was the injury or illness? (State the part of body affected and how it was affected) Right wrist - broken							
Report Prepared By Mr. Supervisor		Work Phone No. (414) 475-1111		Position Asst. Rec. Supervisor		Date Signed 4/20/13	

MILWAUKEE PUBLIC SCHOOLS
WKC-12 (R, 04/2005)
FORM EB-45-9/10

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

Fax to Div. of Benefits & Insurance Services at 475-8562.
Retain original in confidential medical files.



Department of Recreation & Community Services
5225 W. Vliet Street, Milwaukee, WI 53208
(414) 475-8180 • mpa.milwaukee.k12.wi.us

RECREATION DEPARTMENT INCIDENT REPORT

An Incident Report is to be completed for non-health related problems (e.g., vandalism, fighting, threats, property damage, broken equipment, etc.). A copy of this report must be submitted within 24 hours of the incident to: MPS Recreation Department, Attn. Marta Santos, 5225 W. Vliet Street, Room 162, or email to msantos@milwaukee.k12.wi.us, or FAX (414) 475-8541.

GENERAL INFORMATION:

School/Recreation Facility: Date of Incident: Time of Incident:

Incident occurred during which recreation activity:

Location of incident in building/facility:

INCIDENT CLASSIFICATION (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Assault | <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Sexual Harassment | |
| <input type="checkbox"/> Disorderly Conduct | <input type="checkbox"/> Loitering | <input type="checkbox"/> Theft | |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Personal Threat | <input type="checkbox"/> Vandalism | |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Possession/Use of Weapon | | |

INCIDENT DETAILS:

① Describe the incident and actions taken in detail (called the police, called the fire department, sent staff home, etc.) using the reverse side of this report.

② Were police called? ☐ Yes ☐ No If yes, squad #:

Was a police report filed? ☐ Yes ☐ No If yes, report #:

③ Describe any property loss/damage and approximate value (use reverse side if necessary):

④ If incident resulted in an injury:

Was an ambulance called? ☐ Yes ☐ No

If yes, was victim transported to hospital? ☐ Yes ☐ No If yes, name hospital:

☐ A patron accident report has been completed and submitted to Marta Santos, CS Room 162.

☐ An employee EB-49 Accident Report has been completed (if necessary) and faxed to 475-8562 immediately.

⑤ Indicate any witnesses of the incident:

Witness Name Address Phone

Witness Name Address Phone

⑥ What if any follow up is needed regarding this incident?

CONTINUED ON REVERSE SIDE



Milwaukee Recreation
5225 W. Vliet St. Rm. 162
Milwaukee, WI 53208
P: 414.475.8180
mkeareo.net



PATRON ACCIDENT REPORT

School / Recreation Facility: _____ Date of Accident: _____ Time of Accident: _____ ☐ AM ☐ PM

Name of Injured: _____ Age: _____ ☐ Male ☐ Female

Address of Injured: _____ Phone: (____) _____

Describe Accident Fully: How did it happen? What happened?

Check (✓)
PLACE OF
INJURY

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Hall	<input type="checkbox"/> Showers	<input type="checkbox"/> Wading Pool
<input type="checkbox"/> Ball Diamond	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Stairs	<input type="checkbox"/> _____
<input type="checkbox"/> Classroom	<input type="checkbox"/> Playground (Asphalt Area)	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> _____
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Playground (Turf Area)	<input type="checkbox"/> Tot Lot	<input type="checkbox"/> _____

Check (✓)
NATURE OF
INJURY

<input type="checkbox"/> Bite	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock
<input type="checkbox"/> Burn (Lesion caused by heat)	<input type="checkbox"/> Fracture (Breaking of bone)	<input type="checkbox"/> Strain
<input type="checkbox"/> Concussion	<input type="checkbox"/> Infection	<input type="checkbox"/> Bruise
<input type="checkbox"/> Contusion (Bruise)	<input type="checkbox"/> Laceration (tearing of skin)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dermatitis (Inflammation of skin)	<input type="checkbox"/> Puncture Wound	<input type="checkbox"/> _____

Check (✓)
PART OF
BODY
INJURED

Right		Left		Right		Left		Right		Left		Right		Left			
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	Scalp	<input type="checkbox"/>	<input type="checkbox"/>	Thumb	<input type="checkbox"/>	<input type="checkbox"/>	Big Toe	<input type="checkbox"/>	<input type="checkbox"/>
Arms	<input type="checkbox"/>	<input type="checkbox"/>	Eye	<input type="checkbox"/>	<input type="checkbox"/>	Leg	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Index	<input type="checkbox"/>	<input type="checkbox"/>	2nd	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/>	<input type="checkbox"/>	Face	<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Middle	<input type="checkbox"/>	<input type="checkbox"/>	3rd	<input type="checkbox"/>	<input type="checkbox"/>
Back	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ring	<input type="checkbox"/>	<input type="checkbox"/>	4th	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>	Nose	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Little	<input type="checkbox"/>	<input type="checkbox"/>	5th	<input type="checkbox"/>	<input type="checkbox"/>
Ear	<input type="checkbox"/>	<input type="checkbox"/>	Head	<input type="checkbox"/>	<input type="checkbox"/>	Orbit	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

IMMEDIATE
ACTION
TAKEN

☐ First Aid? By Whom? _____ Where? _____

☐ Sent Home? ☐ Sent to Hospital? How? _____

Other Facts? _____

☐ Family Notified? How and By Whom? _____

Witness: _____ Age: _____ Address: _____

Witness: _____ Age: _____ Address: _____

What was leader doing at time of accident? _____

Was accident due to any defect in area or equipment? ☐ Yes ☐ No If Yes, Describe Fully (on separate sheet of paper) and attach.

SIGNATURES OF:

LEADER IN CHARGE WHERE ACCIDENT OCCURRED: _____

RECREATION CENTER OR PLAYGROUND DIRECTOR: _____

Email completed & signed form within 24 hours of accident to MARTA SANTOS at santosmt@milwaukee.k12.wi.us.

mrc Revised 10/03 - Form 601