

**CENTRAL ISLIP UNION FREE SCHOOL DISTRICT**  
**Central Islip, New York**

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**STATEMENT OF WITNESS**

Name of Injured Employee \_\_\_\_\_

Job Classification \_\_\_\_\_

School \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Day \_\_\_\_\_

**STATEMENT OF WITNESS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date