



INDIVIDUAL REPORTING FORM E

EMPLOYEE'S FIRST AND LAST NAME		
MUNICIPALITY		DEPARTMENT
	OVER 100 LBS.	UNDER 100 LBS.
TOTAL NUMBER of people listed in each column		

EXAMPLE

EMPLOYEE'S FIRST AND LAST NAME JOHN SMITH		
MUNICIPALITY ALSIP		DEPARTMENT FIRE
	OVER 100 LBS.	UNDER 100 LBS.
	Self	
	Jane Smith (wife)	
		Joe Smith (son)
		Joan Smith (daughter)
TOTAL NUMBER of people listed in each column	2	2

DEADLINE _____ due date
FAX TO _____ fax number
 _____ contact person

Employee: Complete TOP HALF of this form and submit to the contact person listed at left by the due date indicated. Only list family members in household.