University of Oklahoma
Department of Risk Management
905 Asp Avenue, Room 112
Norman, Oklahoma 73019-6041
405/325-2981

State Agency Code No: 760

SCOPE OF EMPLOYMENT REPORT

EMPLOYEE:_____ PHONE:_____

JOB TITLE:_____

TYPE OF EMPLOYMENT (please circle one): Full-Time Temporary Volunteer Contract

WHO AUTHORIZED THIS SPECIFIC DUTY?_____

PLEASE DESCRIBE IN DETAIL WHAT SPECIFIC DUTY WAS BEING PERFORMED AT THE TIME OF THE INCIDENT:

_____

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_____ _____
Employee Supervisor

_____ _____
Date Signed Date Signed

Send original to Department of Risk Management

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(Revised 9/29/03)