

Entering an Employee Incident Report Online

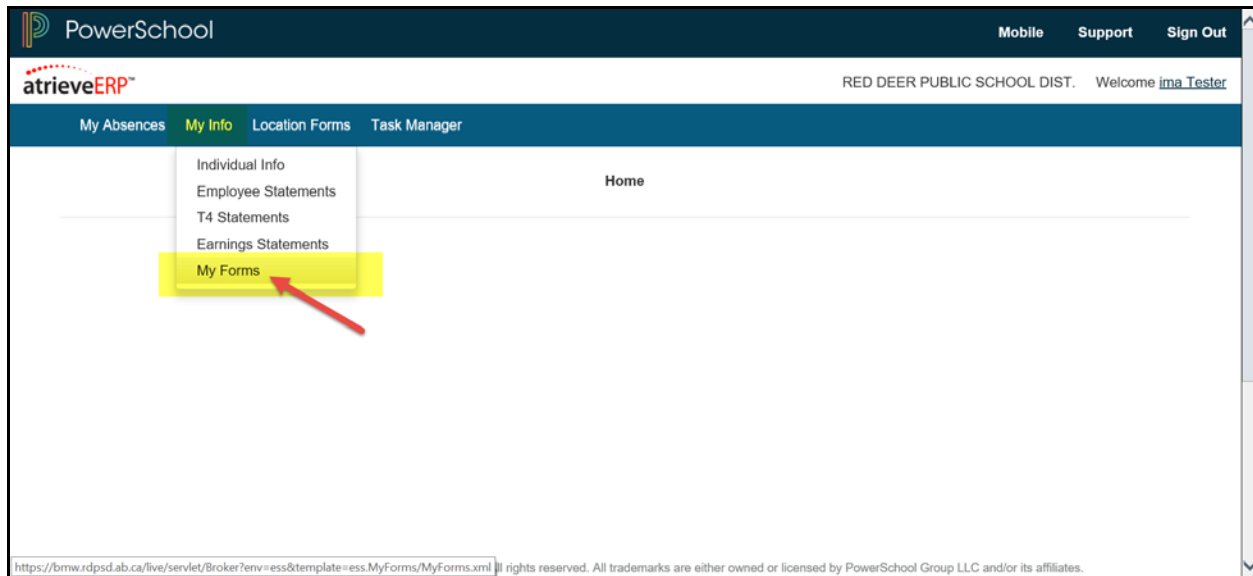
Access the Employee Self Service through the RDPSD website:
<http://www.rdpsd.ab.ca>



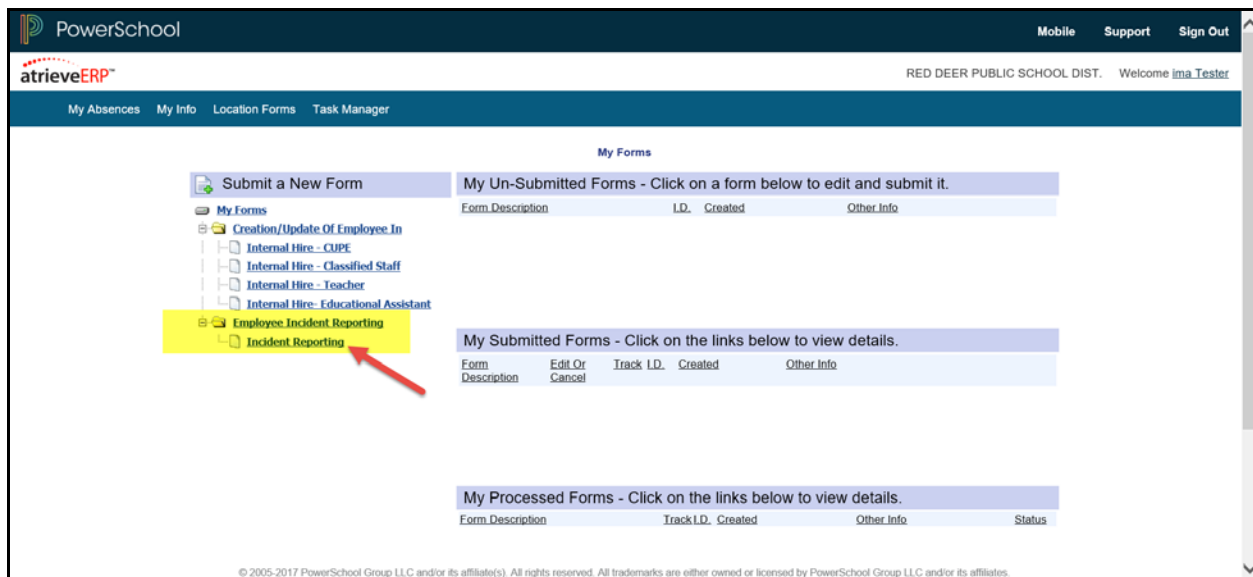
Log into the atrieveERP Web Portal using your computer login and password (not your email address).

Sign in to your account
 Enter your username and password to sign in

Click or hover over the My Info menu option and click on MY FORMS:



Select the Incident Reporting form:



Complete all applicable and mandatory fields indicated on the form and attach any necessary documentation by clicking on the paperclip:

Incident Reporting Entry

Attachments

None

Enter the Incident Reporting information and press the submit button.

EMPLOYEE INCIDENT REPORT

Employee Incident Report

Employee Details

First Name: <input type="text" value="Iina"/>	Home Phone: <input type="text" value="(403)342-3722"/>
Middle Name: <input type="text"/>	Work Phone: <input type="text"/> Ext: <input type="text"/>
Last Name: <input type="text" value="Tester"/>	Date of Birth: <input type="text" value="13-Jul-1967"/>
Street Address: <input type="text" value="50"/>	SIN#: <input type="text" value="566759702"/>
<input type="text"/>	Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
City: <input type="text" value="X"/>	Occupation: <input type="text"/>
Province: <input type="text" value="Alberta"/>	Primary Work Site: <input type="text" value="SELECT LOCATION"/>
Country: <input type="text" value="Canada"/>	

If yes, please describe the object/substance:

Did you receive first aid?: Yes No

If yes, enter the name of the first aid attendant:

Will you or have you seen a doctor as a result of this incident?: Yes No Unsure

Date:

Name of Medical Practitioner (if known):

Address of Medical Practitioner (if known):

Hospitalized overnight as in-patient?: Yes No

Treated in an emergency room?: Yes No

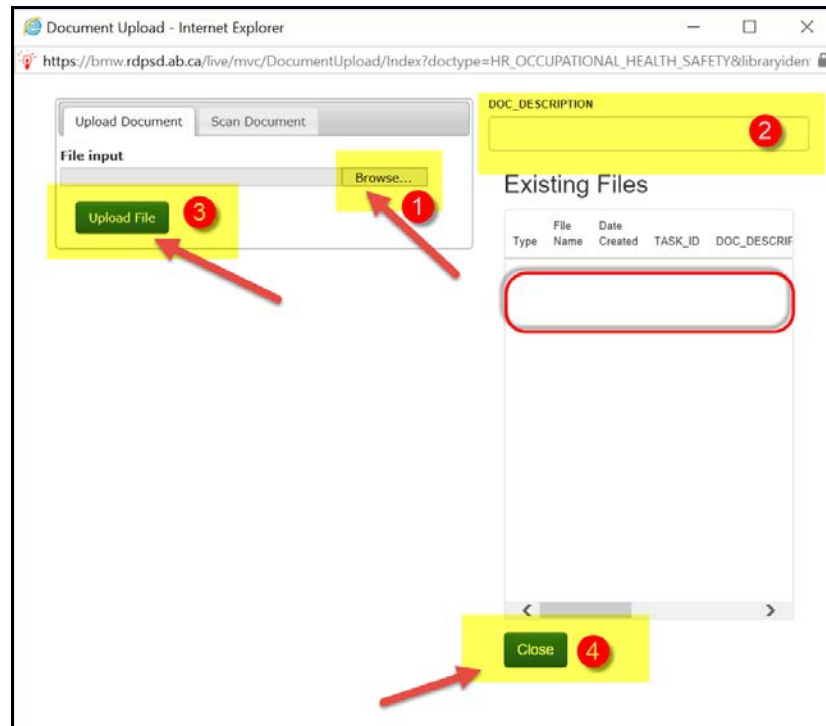
Are you able to perform your regular duties without restriction?: Yes No

Will you be missing work as a result of this incident?: Yes No

Witness Information (if applicable)

1. First Name <input type="text"/>	Last Name <input type="text"/>	Role <input type="text"/>
2. First Name <input type="text"/>	Last Name <input type="text"/>	Role <input type="text"/>
3. First Name <input type="text"/>	Last Name <input type="text"/>	Role <input type="text"/>

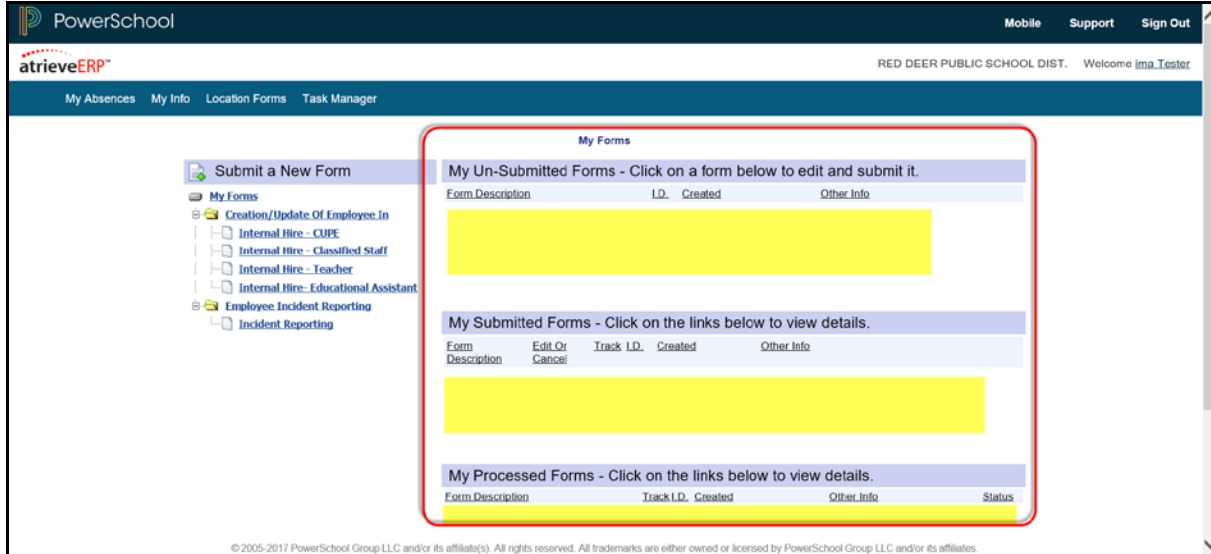
1. Browse for the document you wish to upload.
2. Indicate the document description.
3. Click the **UPLOAD** button
4. Once your file is populated in the **EXISTING FILES** box, you can click the **CLOSE** button



Click the **SAVE** button to save your form to come back to it later to submit.

You must click the **SUBMIT** button to have the form submitted and routed to Division stakeholders for applicable action. You will receive an email notification of your submission.

Unsubmitted (saved only), Submitted and Processed forms for you will be displayed in MY FORMS:



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My Absences My Info Location Forms Task Manager

Submit a New Form

My Forms

- Creation/Update Of Employee In
 - Internal Hire - CUPE
 - Internal Hire - Classified Staff
 - Internal Hire - Teacher
 - Internal Hire - Educational Assistant
- Employee Incident Reporting
 - Incident Reporting

My Forms

My Un-Submitted Forms - Click on a form below to edit and submit it.

Form Description	LD	Created	Other Info
[Redacted]			

My Submitted Forms - Click on the links below to view details.

Form Description	Edit Or Cancel	Track LD	Created	Other Info
[Redacted]				

My Processed Forms - Click on the links below to view details.

Form Description	Track LD	Created	Other Info	Status
[Redacted]				

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