OKLAHOMA
Office of Management
& Enterprise Services

Scope of Employment

DCAM-RISK MGMT P.O. BOX 53364 **OKLAHOMA CITY, OKLAHOMA 73152** **TEL: 405-521-4999 FAX: 405-522-4442**

Incident date _____ Time _____ Claim No. (CAM use only): _____

Employee name _____ Job title: _____

State agency name _____ Agency number _____

Division or dept. _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type of employment: ☐ Full Time ☐ Temporary ☐ Volunteer ☐ Contract

Who authorized this specific duty? _____

Was employee aware of incident? ☐ Yes ☐ No

Please describe in detail what specific duty was being performed at the time of the incident.

Employee signature	Supervisor signature
Employee name printed	Supervisor name printed
Date	Date