



1879 West Genesee Street Road • Auburn, New York 13021

### Employee Work Related Injury Form

TO: Employees Reporting a Work Related Injury  
FROM: Doug Tomandl, Associate Superintendent  
SUBJECT: Information Required When Reporting a Work-Related Injury or Illness

Our Workers' Compensation Carrier, **PERMA**, requires more information on their injury and illness forms than is required on the New York State form. For this reason, I am asking you to please supply me with the following information to expedite reporting:

1. Employee Name (Please Print): \_\_\_\_\_
2. Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_
3. Employee Phone Number: \_\_\_\_\_
4. **Time Employee Began Work** \_\_\_\_\_ AM/PM **Time of Incident** \_\_\_\_\_ AM/PM
5. Which building injury or illness happened in, and where in the building? Be specific:  
\_\_\_\_\_
6. What was the employee doing just before the incident occurred? Be specific:  
\_\_\_\_\_  
\_\_\_\_\_
7. What happened, how did the injury occur?: \_\_\_\_\_  
\_\_\_\_\_
8. Please indicate what treatment, if any, was received, when and where. (Were you seen by a doctor or clinic? Please specify facility, personnel giving treatment, and date of treatment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Dates absent from work due to injury or illness: \_\_\_\_\_
10. Date returned to work \_\_\_\_\_ (If you have not returned when you fill out this form, please call Human Resources (5811) to specify when you are back.)

*Please review the information on the back of this form*

**NOTE:** Lost time is charged to your sick time. BOCES will ask for reimbursement from the Workers' Compensation carrier and sick time will be restored upon receipt of reimbursement (prorated according to rate paid). In order to be reimbursable, lost time may be taken only by Physician's written order.

Please give specific details as to HOW accident happened and WHERE you were and WHAT you were doing at the time of injury or illness.

It is important that accidents be reported and completed as soon as possible if an accident should occur.

**If your work location is off the BOCES Campus, please contact your supervisor at BOCES. Do not complete an injury or illness form at any of the other school offices.**

Please send this completed form to your Supervisor within 24 hours of returning to work.