COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY BUREAU OF WORKERS' COMPENSATION 1171 S. CAMERON STREET, ROOM 103 HARRISBURG, PA 17104-2501 (TOLL FREE) 800-482-2383 TTY (TOLL FREE) 800-362-4228

## EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE



	MONTH DAY YE	=AH
EMPLOYEE FIRST NAME		
EMPLOYEE LAST NAME		
STREET ADDRESS		
CITY STATE ZI	PCODE	1 1 1
COUNTY PHONE NUMBER		
EMPLOYEE: NUMBER OF DEPENDENTS DATE OF BIRTH		
MALE MARRIED M	I	
FEMALE SINGLE MONTH DAY YEAR		
OCCUPATION OR JOB TITLE		
NCCI CLASS CODE (IF KNOWN) EMPLOYMENT STATUS ET _ Full-time SI _ Seasonal		
PT = Part-time VO = Volunteer		
ZZ = Other		
EMPLOYER		
STREET ADDRESS		
CITY STATE ZI	P CODE	
SIC CODE EMPLOYER FEIN PHONE NUMBER		
COUNTY NAICS CODE		
FULL PAY FOR DAY OF INJURY? TIME EMPLOYEE BEGAN WORK TIME OF OCCURRENCE		
YES □ . AM □ . AM □		
NOPMPM		
LAST DAY WORKED DATE DISABILITY BEGAN	344 1197-1	
MONTH DAY YEAR MONTH DAY YEAR		
DATE CHIRLOVED NOTIFIED	TE OF LUDE	
DATE EMPLOYER NOTIFIED DATE RETURNED TO WORK DA	TE OF HIRE	1 1
MONTH DAY YEAR MONTH DAY YEAR	MONTH DAY YEAF	2
	MONTH TEAP	
CONTACT FIRST NAME CONTACT PHONE NUMBER	1 121 1 1 1 1	
CONTACT LAST NAME		1 1 1

NOTICE: Report should be clearly completed, (preferably typed) and original mailed to the Bureau at the address in the upper left corner and a copy to employee and insurer.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.