

**STATE OF NEW YORK
WORKERS' COMPENSATION BOARD**

**EMPLOYER'S REPORT OF INJURED EMPLOYEE'S CHANGE
IN EMPLOYMENT STATUS RESULTING FROM INJURY**

This report is to be filed directly with the Chair, Workers' Compensation Board at the address shown on reverse side as soon as the employment status of an injured employee, as reported on Form C-2 or EC-2, or on a previous Form C-11 or EC-11, is changed. Change in employment status includes return to work, discontinuance of work, increase or decrease of regular hours of work and increase or reduction of wages. **A copy should also be sent to your insurance carrier.**

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS		3. Carrier Code	4. Date of Injury	5. Claimant's Soc. Sec. No.
1. W.C.B. Case Number	2. Carrier Case Number			
Name		Address to which notice should be sent (Give Number and Street, City, State, and Zip Code)		
6. Injured Person			Apt.No.	
7. Employer				
8. Carrier				

9. Date of most recent Employer's Report filed: (check "x" & give date filed) C-2/EC-2 _____ C-11/EC-11 _____

10. Date of first full day employee lost from work: _____ 11. Nature of Injury: _____

12. Date employee returned to work: _____

13. (a) Change of employment status resulting from above injury:

Employment Status	Hours per Day	Days per Week	Earnings	Occupation
Prior To Injury				
Changed To				

(b) Date of this change in employment status: _____ (c) Remarks: _____

14. Loss of time resulting from above injury since first return to work:

From (Mo., Day, Year)	TO (Mo., Day, Year)	Reason

15. Is injured person still under physician's care? _____ If yes, give name of physician: _____

16. Has injured person died? _____ If yes, give date of death: _____

Name and address of nearest known relative: _____

Date of this Report _____ Tel. No. _____ Firm Name _____

Prepared By: _____ Official Title _____

INSTRUCTIONS TO THE EMPLOYERS

Reports should be sent directly to the district offices at these addresses:

ALBANY 12241 - 100 Broadway, Menands. (866) 750-5157 For all accidents in following counties: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren, Washington.

BINGHAMTON 13901 - State Office Building, 44 Hawley Street. (866) 802-3604 For all accidents in following counties: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Sullivan, Tioga, Tompkins.

BUFFALO 14203 - 295 Main Street, Suite 400. (866) 211-0645 For all accidents in following counties: Cattaraugus, Chautauqua, Erie, Niagara.

ROCHESTER 14614 - 130 Main Street West. (866) 211-0644 For all accidents in following counties: Allegany, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates.

SYRACUSE 13203 - 935 James Street. (866) 802-3730 For all accidents in following counties: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence.

DOWNSTATE CENTRALIZED MAILING (for New York City, Hempstead, Hauppauge & Peekskill district offices) - PO Box 5205, Binghamton, NY 13902-5205. NYC (800) 877-1373 Hemp. (866) 805-3630 Haup. (866) 681-5354 Peek. (866) 746-0552 For all accidents in following counties: Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester.

Statewide Fax Line: 877-533-0337

www.wcb.state.ny.us

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.