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 on a previous Form C-11 is changed. Change in employment status includes return to work, discontinuance of work, increase of regular hours of work and increase or reduction of wages. **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" and give date filed) ☐ C-2_____ ☐ C-11_____

10. Date and Hour of Day Disability Began_____am_____pm_____ 11. Nature of Injury:_____

_____

_____

12. Date of FIRST return to work following injury:_____

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_____

Signed By:_____ Official Title_____

INSTRUCTIONS TO THE EMPLOYERS

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

ALBANY 12241 - 100 Broadway, Menands. (518) 474-6674 For all accidents in following counties: Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, , Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren, Washington.

BINGHAMTON 13901 - State Office Building, 44 Hawley Street. (607) 721-8356 For all accidents in following counties: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Sullivan, Tioga, Tompkins.

BUFFALO 14202 - Statler Towers, 107 Delaware Ave. (716) 842-2166 For all accidents in following counties: Cattaraugus, Chautauqua, Erie, Niagara.

ROCHESTER 14614 - 130 Main Street West. (716) 238-8300 For all accidents in following counties: Allegany, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates.

SYRACUSE 13203 - 935 James Street. (315) 423-2934 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 29017, Brooklyn, NY 11202-9017. NYC (718) 802-6600 Hemp. (516) 560-7700 Haup. (631) 952-6000 Peek. (914) 788-5775 For all accidents in following counties: Bronx, Kings, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester.

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.