

# Broome County Office of Risk & Insurance Management

Barbara J. Fiala, Broome County Executive • Robert E. Murphy, Risk Manager



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## ADMINISTRATION REPORT

To be filled out by Secretary or Chief of the department  
All fields must be completed to comply with New York State Compensation Forms

### ADDITIONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last Social Security No

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone No.; \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name and Address of Regular Employer: \_\_\_\_\_

<input type="checkbox"/>	Full time	Usual	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Varies
<input type="checkbox"/>	Part time	Work Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Accident Information

Date of accident: \_\_\_\_\_ First date out of work (Doctor's note required) \_\_\_\_\_

Notice given to: \_\_\_\_\_ Title: \_\_\_\_\_

Has the volunteer returned to his/her regular employment?  Yes  No

Person to contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name and Title