



New York State Unified Court System

Application for Workers' Compensation Leave

This form must be completed and returned to the HR Workers' Compensation Unit within **25-work days**:

- by scan/email to: WCUnit@nycourts.gov OR
- by fax to: (212) 952-7208 OR
- by mail to: HR Workers' Compensation Unit, 25 Beaver St, Room 1058, New York, NY 10004

The collective Agreement requires that an employee requesting workers' compensation leave submit such request within **25-work days** of either the occurrence of the injury, or of the onset of the disease, or the first day of absence due to the injury or disease, whichever is later. The date of e-mail, fax or postmark to the HR Workers' Compensation Unit will be considered the date of submission.

You **MUST ALSO** submit a Certificate of Attending Physician (UCS-58) to your physician. Be sure to complete the Employee Authorization section at the top of the form before submitting it to your physician.

EMPLOYEE INFORMATION

Name: _____ Title: _____
Last First

Date of Injury: _____ Work Phone: _____

Court: _____ Court Address: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____
Where you can receive email

LEAVE INFORMATION

Dates for which the Leave is being requested. If any absences are less than a full day, indicate hours (Attach additional sheets if necessary)

Indicate which, if any, absences are due to exams or hearings directed by the State, State Insurance Fund or Workers' Compensation Board: _____

What is the nature of the injury to which the absences are due? (e.g., "injury to chest", etc.)

How was the injury sustained? (Attach a copy of the Employee Injury Notification Form and/or the Unusual Occurrence Report and/or Aided Report, if available)

Have you returned to work? ___ No ___ Yes If yes, on what Date? _____

EMPLOYEE CERTIFICATION

I certify that the information furnished by me in support of this application is true and correct

Employee's Signature

Date