



Broome County Office of Risk Management

Debra A. Preston, County Executive . Robert E. Murphy, Risk Manager

Colleen M. Capwell, Workers' Compensation Analyst

John C. Nezelek, Safety Specialist

Richard A. Murphy, Claims Manager

Sue Madden, Principal Account Clerk

Request For Reimbursement

WCB# _____ Carrier Case # _____

Employee's Name: _____

_____, employer has made payments to the above
named claimant under the provisions of the Workers' Compensation Law for an
injury sustained on _____, 20_____.

Said payments total (\$ _____),
and cover the period from _____ to _____.

(Sign here) _____
(employee)

In accordance with Workers' Compensation Law, Section 25, the employer hereby
requests:

- Full Reimbursement of the above named amount
- Reimbursement covering lost time at the compensation rate

Date _____

(Signed) _____
(Must be signed by Employer)