

UNITED SERVICES UNION WORKERS COMPENSATION INTRODUCTION FORM



Level 7, 321 Pitt Street SYDNEY NSW 2000

Ph: 02 9265 8211 Fax: 02 9261 2265 Email: industrial@usu.org.au

OFFICE USE

USU Ref: W / 2020

Name: _____ Membership No: _____ Date of Birth: ____/____/____

Home Address: _____ Title: _____

Employer: _____

Employer Address: _____

Phone: (h) _____ (w) _____ (m) _____

Email: _____

INJURY DETAILS

Date Injury / Accident Occurred: _____ Date Reported to Employer: _____

Length of time condition has existed (if applicable): _____

Description of Accident or Injury: _____

EMPLOYMENT, EARNING, & LEAVE DETAILS

Are you still employed/ working while the case proceeds? YES NO

If YES, have your earnings changed? YES NO

If YES, were they reduced for more than \$600 p/w? YES NO

If you are on Leave Without Pay (LWOP) when did this leave begin? _____

If you are on Leave, please indicate your Return to Work Date (approx.): _____

If you are No Longer Employed, when did your employment cease? _____

OFFICE USE ONLY

Solicitor's Name: _____ Authorised by: _____

Date Received: ____/____/____ Financial: _____

Australian Municipal Administrative Clerical and Services Union:
NSW Local Government, Clerical, Administrative, Energy, Airlines, & Utilities Branch

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