

REPUBLIC OF THE PHILIPPINES

SOCIAL SECURITY SYSTEM**ACCIDENT/SICKNESS REPORT**

IMPORTANT
 IF VEHICULAR ACCIDENT
 ATTACH COPY OF POLICE REPORT

NAME OF EMPLOYEE (Last, First, Middle)		SS NUMBER 	
NAME OF EMPLOYER	ADDRESS		ID NUMBER
JOB DESCRIPTION OR OCCUPATION			
DATE OF ACCIDENT/SICKNESS	EXACT TIME		PLACE
(Check applicable box) <input type="checkbox"/> <u>REGULAR WORKING HOURS</u> <input type="checkbox"/> <u>OVERTIME</u> From _____ To _____ From _____ To _____			
LAST REPORTED FOR WORK		DATE RETURNED TO WORK	
BRIEF DESCRIPTION OF ACCIDENT/SICKNESS			
SIGNATURE OF IMMEDIATE SUPERVISOR		SIGNATURE OF PERSONNEL MANAGER	
DATE		DATE	
		(Signature above printed name)	