# Official workers compensation claim notification

Subject: Workers' Compensation Claim - Medical Leave Notification

Dear [HR Manager/Workers' Comp Administrator],

I am filing this formal notification of a work-related accident and subsequent workers' compensation claim as required by company policy and state regulations.

Accident Details:

- Date and Time: [Specific date and time]
- Location: [Exact workplace location]
- Description: [Detailed description of how accident occurred]
- Witnesses: [Names if applicable]
- Injuries Sustained: [Medical description]

I have already:

- Reported the incident to my immediate supervisor
- Sought immediate medical attention at [facility name]
- Completed the initial accident report form
- Obtained medical documentation of my injuries

My treating physician has determined that I am unable to perform my regular job duties and has recommended medical leave effective immediately. The initial medical restriction period is [duration] with re-evaluation scheduled for [date].

I am requesting approval for workers' compensation medical leave and will comply with all requirements including:

- Regular medical progress reports
- Attending all scheduled medical appointments
- Following prescribed treatment plans
- Providing updated medical certifications as required

Please provide information about my rights and responsibilities under workers' compensation,

including benefit coverage and return-to-work procedures. I am committed to following all protocols to ensure proper healing and safe return to work.

All medical documentation and claim forms are attached. Please contact me at [phone] or [email] for any additional information required to process this claim.

Respectfully submitted,

[Your Full Name]

[Employee ID]

[Department]

[Date of Submission]