

Signature:

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

## EMPLOYER'S DOCUMENTATION SHEET Employer's Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Employee's Name:\_\_\_\_\_\_ Date of Return to Work:\_\_\_\_\_ Contact Name: Date: Person Contacted: Summary of Conversation: Signature: Employer's Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Employee's Name: \_\_\_\_\_ Date of Return to Work: \_\_\_\_\_ Contact Name: Date: Person Contacted: Summary of Conversation: