



Department of Civil Service

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

[Date of Letter]

[Department ID]
[Name]
[Address 1]
[Address 2]
[City, State ZIP]

ACCIDENT REPORTING SYSTEM ACKNOWLEDGEMENT

Dear (Name)

This form acknowledges receipt of the report of your [Incident Date] work-related accident or illness to the NYS Accident Reporting System (ARS).

Incident Number: [from file]
Date Reported: [from file]
Negotiating Unit: [Union Code from file]

If you have questions about your Workers' Compensation benefits or have changes concerning this incident, please call your agency personnel office at **[phone number]**.

It is the policy to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. If you need an auxiliary aid or a service to make benefits information available to you, contact your personnel office at the number shown above.