

**THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT.**



**Commonwealth of Virginia  
Virginia Workers' Compensation Commission  
1000 DMV Drive, Richmond, Virginia 23220**

VWC Claim No. \_\_\_\_\_

Case of \_\_\_\_\_

**SUPPLEMENTARY REPORT**

If Employer's Accident Report did not show that the injured had returned to work, an Employer's Supplemental Report of injury should be completed and filed immediately after return to work of the employee. In the event of the death of the employee, this report should be filed immediately.

1	Name of Employer				
2	Office Address: No. and St.			City or Town	State
3	Insured by: Name of Company				
4	Name of Injured (in full)		Last	First	Middle Name
5	Present address: No. and St.			City or Town	State
6	Date of Injury	Date	Day of Week	Hour of Day	AM or PM
7	Date Disability began			Date	AM or PM
8	Has injured returned to work?			IF SO, date and hour	AM or PM
9	Is injured person earning same wages as before injury?			Yes or No	If not, explain
10	If disability has not terminated, state probable date of termination of disability				
11	Has injured died?			If so, date of death	AM or PM

**NOTE: This form is not an agreement and its filing is not sufficient to terminate an outstanding award.**

<b>Date of this report</b>	<b>Firm Name</b>
<b>Signed by</b>	<b>Official Title</b>

**FILING INSTRUCTIONS**  
(Instructions Updated 09/01/07)

**Supplementary Report**  
**VWC Form No. 3A**

This form should be completed and filed with the Virginia Workers' Compensation Commission when the Employer's Accident Report (VWC Form No. 3) did not show a date that the injured worker had returned to work as a result of a work-related injury, occupational injury or disease. In the event of the death of the injured worker, this report should be filed immediately.

This form is not an agreement form and its filing is not sufficient to terminate an outstanding award.

**Forms:** Additional copies of this form are available without cost by writing to the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address. This form is also available on the Commission's Website, at [www.vwc.state.va.us](http://www.vwc.state.va.us). If any alternative versions of the form are developed they will require prior approval by the Commission.

For questions or assistance with completing this form, please contact the First Reports Unit at (804) 367-0072 or use the Commission's Toll-free number at (1-877) 644-2566.