



REPUBLIC OF THE PHILIPPINES
SOCIAL SECURITY SYSTEM

ACCIDENT/SICKNESS REPORT
 SSS FORM B-309 (Revised 06/88) eeg

IMPORTANT
 IF VEHICULAR ACCIDENT
 ATTACH COPY OF POLICE RE-
 PORT

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