Form AR-S	ARKANSAS WORKERS' COMPENSATION COMMISSION	S
Authority: Ark. Code Ann. § 11-9-529 Revised: 1-1-2001	324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	

SUPPLEMENTAL REPORT

AWCC File No.	Carrier Claim No.	Employee Name (Last, First, MI)	Employee SS Number

Employer Name	FEIN No.	City	State	Zip Code
Public Employee Claims Division		1200 West Third Street, Suite 201, Little Rock, AR 72201		
Carrier Or Self-Insured Name	NAIC No.	Claims Office Address		

1. Date of injury: _____

2. Date employee began losing time from work: _____

3. Has employee returned to work? ❑ Yes ❑ No If yes, give date _____

4. If employee has returned to work, is he/she earning the same wages as before the injury? ❑ Yes ❑ No

   If not, please explain:

5. Has employee died? ❑ Yes ❑ No If yes, give date of death: _____

ADDITIONAL INFORMATION

CERTIFICATION

I certify that the information above is accurate according to the employer's/carrier's records.

Signature	Printed or Typewritten Name	Title	Date

AWCC Form S
(Supplemental Report)

This form reports any change-in-status, including, but not limited to:

1. The injured employee is back at work and drawing wages;
2. The injured employee is losing time again;
3. The injured employee has died;

Employers need to file **Form S** promptly.

Carriers file the form to fill in any "gaps" in time on **AWCC Form 4** when the case is being closed.

Contact the AWCC Office Services Section for help with the Form S. General information is available from the Support Services Division (1-800-622-4472 or 501-682-3930) .

Ark. Code Ann. §11-9-106(a): "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under .... this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."