

WORKERS' COMPENSATION BOARD

Northwest Territories and Nunavut

Vocational Rehabilitation Employer Contact Sheet

WCB Claim Number	
Worker's Name	Worker's Telephone Number
Counsellor	Job Contacts for Period From YY MM DD TO YY MM DD
Employer: Address	s:
Person Contacted:	Phone No.:
Person Responsible for Hiring:	Phone No.:
Job Applied for:	Date:
Completed Application: Yes No	Left Resumé: YesNo
Result of Interview:	
Employer: Address	s:
	Phone No.:
	Phone No.:
·	Date:
Completed Application: Yes No	
Result of Interview:	
Employer: Address	s:
Person Contacted:	Phone No.:
Person Responsible for Hiring:	Phone No.:
Job Applied for:	Date:
Completed Application: Yes No	
Result of Interview:	
Employer: Address	s:
	Phone No.:
	Phone No.:
	Date:
Completed Application: Yes No	
Result of Interview:	
Troodic St. M.S. 115.11.	
Employer: Address	s:
Person Contacted:	Phone No.:
Person Responsible for Hiring:	Phone No.:
Job Applied for:	Date:
Completed Application: Yes No	Left Resumé: YesNo
Result of Interview:	

 $Head\ Office:\ Box\ 8888\ \bullet\ Yellowknife,\ NT\ X1A\ 2R3\ \bullet\ Telephone:\ (867)\ 920-3888\ \bullet\ Toll\ Free:\ 1-800-661-0792\ \bullet\ Fax:\ (867)\ 873-4596$