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200 - 1881 Scarth Street Regina, Sask. S4P 4L1 Phone: (306) 787-4370 Toll Free: 1-800-667-7590 (Canada wide) Fax: (306) 787-4311 Toll Free Fax: 1-888-844-7773 (Canada wide)

E1

| Employer's Initial Report of Injury WCB Claim No.: Reporting Options: (1) WCBTelefile 1-800-787-9288 (2) WEB www.wcbsask.com (3) Fax | |
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| | |
| Name, address, postal code | Type of Business: |
| | Phone Number: |
| | Contact Person: |
| | E-mail: |
| | Fax Number: |
| | WCB Firm No.: Industry Rate Code: |
| Section B: Worker Information | |
| Name, address, postal code | Specific Division (if applicable): |
| | Occupation: |
| | |
| | Social Insurance Number: |
| | Personal Health Number: |
| | Birthdate: D M Y Sex: Male Female |
| | Hire Date: D |
| ection C: Injury Information | |
| . Injury date: D M Y 2. Reported to employ | ver on: D M Y 3. Province of injury: |
| . Area of body injured: | 5. Name of healthcare provider: |
| | · |
| B. First day off and time employee left work due to this injury: Dat B. Has employee returned to work Yes No If "yes": Dat D. Da you have any recent to believe that this is not a work solet. | te <u>D M Y</u> Timeam D pm |
| | ed incident? Yes No If "yes", provide attachment(s) with explanation. |
| Section D: Wage and Employment Information | |
| 1. How is the employee paid? If Regular Salary: Hourly \$ | per hour, hours per week; If Monthly \$ |
| If Non-Regular: \square Piecework \square Sub-Contractor \square 0 | Owner / Operator Casual Other (explain) |
| | off work due to injury, starting with the most recent complete pay period. If less than 12 mon from D M Y to D M Y |
| 3. Time lost during the gross earning period due to: (a) Unpaid si (d) Other days, explain | icknessdays; (b) Prior WCB claimsdays; (c) Lack of workdays; |
| 4. Normal working hours for employee: From $___$ an | n pm to am pm Shift work involved Yes No |
| 5. Does the employee have regular days off? Ves No | |
| If "No", circle the days off for the month of the injury, plus one r | · |
| MONTH BEFORE INJURY PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | • • • |
| MONTH OF THE INJURY 12 3 4 5 6 7 8 9 10 11 12 13 14 15 | |
| MONTH AFTER INJURY PERIOD 123456789101112131415 | |
| 6. TD1 Exemptions: Single Spouse, if partial pi | rovide:Provincial amount \$ Federal amount \$ hildren 18 years or under |
| | OR Employer? 18. Will employee be paid for statutory holidays? |
| | provided is true and correct to the best of my knowledge. |
| M V | |
| Date Name (please print) | Title Signature |