

Please do **not** return this form until after your appointment. Mail to WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1. For inquiries, please call 604 231-8888 (lower mainland) or toll-free in B.C. 1 888 967-5377.

Worker last name	First name	Middle initial	WorkSafeBC claim number
Appointment date (yyyy-mm-dd)	Location of appointment		
Appointment time	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		

Income loss information

This worker has been requested to report for the above appointment in relation to his/her claim. To allow WorkSafeBC to reimburse the worker or the employer for wages lost for the worker to attend this appointment, please answer the following questions.

To be completed by the employer

1. Name of current employer							
Employer's address							
2. Please confirm date and hours lost due to the WorkSafeBC appointment							
Date(s) (yyyy-mm-dd)					Hours lost		
Were the hours lost rescheduled?			If so, when?				
Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. Hourly rate of pay (equivalent hourly rate if salaried)				4. Total wages lost for this appointment			
\$				\$			
5. If commission, piecework, or contract work, please give an estimate of gross amount for hours lost							
\$							
6. If you are self-employed, do you have Personal Optional Protection?							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
7. Identify normal working week by hours worked each day							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
8. Will the worker be paid by the employer for the time lost for this appointment?							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, make the cheque payable to							

Employer's signature	Worker's signature
Employer's name (please print)	Worker's occupation
Employer's title	
Employer's phone number (please include area code)	Date (yyyy-mm-dd)

Date: INDEX DATE

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.