



Saskatchewan
Workers'
Compensation
Board

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EROI

Click on any field to start editing.

Employer's Request for Photocopy of Relevant Records in File(s)

ATTENTION: CASE MANAGEMENT REPRESENTATIVE

Workers' Compensation Board Claim Number(s): _____

Injured Worker's Name: _____

Date of Decision Being Appealed: _____

I request photocopies of the above file(s) on the above claim(s) in which the disputable issue is:

I understand the Board must notify the worker of this request and consider any objections he has to it.

I confirm that I am the employer or have been duly authorized to represent him as per attached authorization.

In accordance with the provisions of Section 174(1), (2), and (3) of *The Workers' Compensation Board Act, 2013*, I will not use any information contained in the said file(s) publicly or for any purpose other than of pursuing the disputable issue with the Workers' Compensation Board.

Your request for a copy of the file is NOT a request for an appeal.

Dated this _____ day of _____, 20__ .

Name: _____
(Please print)

Signed: _____
Please sign form before mailing/faxing.

Position/Title: _____

