wcb | Saskatchewan Workers' Compensation Board

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Click on any field to start editing.

E5

Employer's Progress Report

WCB claim number: ____________

Section A: Employer Information

Name, address, postal code

Business phone number: ____________

WCB firm number: ____________ Rate code: ____________

To complete the form, please:

1. **Type or print using ink.**
2. **Be accurate and provide all information requested.**
3. **Ensure you date and sign the declaration at bottom.**
4. **Attach additional information, if relevant.**
5. **Mail OR fax report to WCB, keep copy for your own records.**
6. **Contact the WCB if you have any questions.**

Section B: Worker Information

Name, address, postal code

Injury date: ____________ MM/DD/YYYY

Area of injury: ____________

Section C: Complete A or B

A. The worker has returned to work

1. Date returned: ____________ MM/DD/YYYY Time: ______ ☐ a.m. ☐ p.m.
2. Is the worker doing the same job as before the injury?
   ☐ Yes ☐ No, explain: ____________
3. Is the worker earning the same amount now as before the injury?
   ☐ Yes ☐ No, now earning $ ________ (hour/week/month)
4. Did the worker work between the day of injury and the day they returned to work? ☐ No ☐ Yes, give dates:
   ____________ MM/DD/YYYY Time: ______ ☐ a.m. ☐ p.m.
   ____________ MM/DD/YYYY Time: ______ ☐ a.m. ☐ p.m.
5. Did you pay the worker anything for the period of work?
   ☐ Yes, amount $ ________ ☐ No, reason: ____________

B. The worker has NOT returned to work

1. Have you discussed a return-to-work plan with this worker?
   ☐ No ☐ Yes
2. Is the worker expected to return to work? ☐ No ☐ Yes, when:
   Date returned: ____________ MM/DD/YYYY Time: ______ ☐ a.m. ☐ p.m.
3. Will the return to work be: ☐ Full duties ☐ Modified duties, explain: ____________
4. Will the return to work result in any wage loss?
   ☐ No ☐ Yes, amount $ ________ explain: ____________
5. Has the worker worked between the day of injury and the date of this? report? ☐ No ☐ Yes, give dates:
   ____________ MM/DD/YYYY Time: ______ ☐ a.m. ☐ p.m.
   ____________ MM/DD/YYYY Time: ______ ☐ a.m. ☐ p.m.
6. Did you pay the worker anything for the period of work?
   ☐ Yes, amount $ ________ ☐ No, reason: ____________

I declare all the information provided is true and correct. I understand that criminal prosecution or penalties may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

Date: ____________ MM/DD/YYYY **Title:** ____________ **Signature:** Please print & sign form before mailing/faxing.

When writing to the WCB, please print name and claim or firm number.