



Click on any field to start editing.

Attendant Time Loss form

Re: WCB claim number (if available): _____

Your employee accompanied a worker who was attending a medical appointment arranged by the Saskatchewan Workers' Compensation Board.

Employee's name: _____ Date of birth: _____
(MM/DD/YYYY)

Employee's address: _____

Social Insurance Number: _____ Provincial Health Number: _____

If this employee lost time from work as a result of this appointment, please provide our office with the following information:

1. Left from work: _____ Time: _____ a.m. p.m.
(MM/DD/YYYY)

2. Returned to work: _____ Time: _____ a.m. p.m.
(MM/DD/YYYY)

3. Time lost from work: _____ hours

4. Rate of pay: \$ _____ per hour

5. Normal days of rest (circle): S M T W T F S

6. TD1 exemption: _____

Employer _____

Signature _____

Official title _____

Date _____
(MM/DD/YYYY)

