



Click on any field to start editing.

Employee Time Loss form for a Board Appeal Tribunal Hearing

To the employer:

WCB claim number (if available): _____

Employee's name: _____

Employee's address: _____

The above-named employee's appointment was arranged by the Saskatchewan Workers' Compensation Board related to the injury that occurred on:

(MM/DD/YYYY)

If this worker 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. Were they paid full salary? Yes No

Employer _____

Official title _____

Declaration

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.

Position: _____

Contact Name: _____

Signature: _____

Please print & sign form before mailing/faxing

Phone: _____

Date: _____

(MM/DD/YYYY)

