Saskatchewan Workers' Compensation Board

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ATL

Reset form

Click on any field to start editing.

Attendant Time Loss

WCB claim number: _____

Reporting options: 1) wcbsask.com 2) Fax: 1.306.787.4311 3) Email: forms@wcbsask.com

Your employee accompanied a Saskatchewan Workers' Compensation Board (WCB) customer to a medical appointment arranged by the WCB. If your employee lost time from work as a result of this appointment, please provide the WCB office with the following information:

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

Employee's mailing address: _____

Employee's email address: _____ Employee's phone number: _____

Social Insurance Number: _____ Provincial Health Number: _____

Rate of pay: $ _____ per hour. If no hourly rate, please provide explanation of regular earnings:

_____

Time lost from work:

Date: _____ (MM/DD/YYYY) Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Number of hours missed: _____

Date: _____ (MM/DD/YYYY) Number of hours missed: _____

Normal days off work: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

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.

Please print and sign form before mailing/faxing.

_____ _____ _____

Date (MM/DD/YYYY) Phone number Employer signature

Please print your name and title: _____

Company name: _____