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wsib cspaat ONTARIO

Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

200 Front Street West
Toronto ON M5V 3J1
200, rue Front Ouest
Toronto ON M5V 3J1

Employer's Subsequent Statement

Return to the Workplace Safety and Insurance Board when the injured worker returns or is able to return to work and at any other time requested. Call first to prevent overpayments.

start > Claim Number

Last Name (Please print)	First Name	Date of Injury dd mmm yyyy

Address

City/Town	Province	Postal Code	Date of Birth dd mmm yyyy

1	Has the worker returned to work since the injury? If so, give date commenced.	**Date Commenced**	dd mmm yyyy	Time	a.m. p.m.
2	If the worker worked after the first layoff, please enter dates.	**from**	dd mmm yyyy	Time	a.m. p.m.
		to	dd mmm yyyy	Time	a.m. p.m.
3	For Rotating Shift Workers Only, please complete the following:	**Total number of shifts lost:**			
		Number of pay hours per shift:			
4	Did worker return as soon as able? (Give your opinion) If not, give date and time you consider worker was able. On what do you base your opinion?				
5	If unable to do former work, what kind of work is worker doing or able to do? If only able to do other than former work what do you consider services worth? When, if ever, will worker in your opinion be able to do former work?			Please express in terms of percentage	%
6	Provide the worker's average gross weekly earnings since returning to work.	Average weekly gross earnings $			
	Are these earnings reduced in any way?	☐ no ☐ yes			
7	If the worker received any benefits or payments from your company or any other insurance plan for the period of disablement please provide the following.	Gross total payment $	**Dates Covered:** from dd mmm yyyy	to dd mmm yyyy	Name of insurance company, if applicable
8	Any further information or remarks.				

Employer's name (Please print)

Authorized Signature	Official Title	Date (dd/mmm/yyyy)
Type your name and upload, or print and sign before returning to WSIB.		

(Français au verso)

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