

Worker's Full Name:

E – Employment Category

19. Worker's Type of Employment: Permanent / Non-Permanent options. 20. Is the job subject to seasonal layoffs? 21. Is the job subject to lack of work layoffs? 22. Worker's day of hire. 23. What was the contract / term / season start date? 24. What is the expected contract / term / season end date?

F – Schedule Information

25. Number of days on/off. 26. Hours per Shift/ Day Regular Pay / Overtime Pay. 27. Hours per Rotation. 28. Please select days on for one full rotation. 29. Date rotation started/ends. 30. Are travel days included? 31. How many hours are paid for on travel days?

G – Wage Information (Please complete all questions.)

32. What is the hourly rate of pay? / hour. What are the annual gross earnings? 33. Does the worker receive any other benefits? 34. Does the worker regularly work or get paid for overtime? 35. Are you paying the worker for lost time? 36. Will you continue to pay benefits?

The WSCC may use this information for the administration of the Workers' Compensation Acts, the Safety Acts, and/or the Mine Health and Safety Acts, and their associated Regulations.

IMPORTANT:

Notification of an incident must reach the Workers' Safety and Compensation Commission office within three working days. Any information received as a result of the claims process is confidential and any further use or disclosure could result in a fine pursuant to the Workers' Compensation Acts.

Completed by (please print) / Signed at (City/Town). Authorized Signature / Phone Number / Date.

ATTENTION:

By law, an employer who does not submit a fully completed incident report within three business days faces the following penalties: \$250, each, for the first two occurrences; \$500, each, for the next two occurrences; and \$1,000 for each additional occurrence.

If you need assistance filling in this form, or more information, please contact us.

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 Toll Free Fax: 1-866-277-3677 • Email: nwtclaimsservices@wscn.nt.ca

or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 Toll Free Fax: 1-866-979-8501 • Email: nuclaimsservices@wscn.nu.ca

wscn.nt.ca or wscn.nu.ca

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