

Workers' Full Name:

E – Employment Category

36. Worker's Type of Employment A) Permanent <input type="checkbox"/> Term (Over 1 year) <input type="checkbox"/> Full / Part time Permanent <input type="checkbox"/> Apprentice <input type="checkbox"/> Relief <input type="checkbox"/> Other <i>Type of Permanent Employment -</i>	B) Non - Permanent <input type="checkbox"/> Term (Under 1 year) <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer Student <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice <i>Type of Non-Permanent Employment -</i>
37. Is the job subject to lack of work layoffs? Yes <input type="checkbox"/> No <input type="checkbox"/>	38. Is the job subject to seasonal layoffs? Yes <input type="checkbox"/> No <input type="checkbox"/>
39. Date worker was hired YY MM DD	40. What was the contract / term / season start date? YY MM DD
	41. What is the expected contract / term / season end date? YY MM DD

F – Schedule Information

42. Number of days on _____ Number of days off _____	43. Hours per Shift / Day _____	44. Hours per Rotation _____
Please circle days on for one full rotation:		
M T W T F S S M T W T F S S M T W T F S S M T W T F S S		
45. Date rotation started YY MM DD		Date rotation ends YY MM DD

If NO WORK WAS MISSED and NO CHANGE to duties or pay, proceed to bottom of page and sign , date, and submit this report. If WORK WAS MISSED or if duties or pay have been MODIFIED, please answer ALL questions on this form.

G – Wage Information (Please complete all questions)

46. What is the hourly rate of pay? _____ / hr	What is the worker's annual gross earnings? _____
<i>If the worker is paid other than hourly or on salary, please attach an explanation.</i>	
47. Does the worker receive any other benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain in detail with amounts or averages: (eg: Vacation pay, Northern Allowance, Bonus)
48. Does the worker regularly work or get paid for overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
49. Provide an estimate of regular overtime hours _____ / day week month	50. What is the overtime rate? _____ / hr
51. Are you paying the worker for lost time? Yes <input type="checkbox"/> No <input type="checkbox"/>	52. Will you continue to pay benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> (eg: Northern Allowance)

IMPORTANT:

NOTIFICATION OF AN INCIDENT MUST REACH THE WORKERS' SAFETY AND COMPENSATION COMMISSION OFFICE WITHIN THREE WORKING DAYS OF THE INCIDENT. IF THE INCIDENT OCCURRED IN THE NORTHWEST TERRITORIES, PLEASE FAX TO 1-866-277-3677. IF THE INCIDENT OCCURRED IN NUNAVUT, PLEASE FAX TO 1-867-979-8501.

Any information received as a result of the claims process must be treated as confidential and any further use or disclosure of the information could result in a fine pursuant to the Workers' Compensation Acts.

Completed by (please print)	Signed at (city, town, village)	
Authorized Signature	Phone Number	Date

ATTENTION:

By law an employer who does not submit a fully completed incident report within 3 business days faces the following penalties:

- \$250 for each occurrence for the first 2 occurrences.
- \$500 for the next 2 occurrences
- \$1,000 for each additional occurrence.

For more information on our Legislation and Policies, please visit our Website

www.wscn.nt.ca • www.wscn.nu.ca

If you would like assistance filling in this form, or more information, please contact one of our offices listed below

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

or
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501

www.wscn.nt.ca or www.wscn.nu.ca

Ce formulaire est disponible en français
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