



**Worker's Full Name:** \_\_\_\_\_

**E – Employment Category**

34. Worker's Type of Employment	A) <b>Permanent</b> <i>Type of Permanent Employment</i> - <input type="checkbox"/> Term ( <i>Over 1 year</i> ) <input type="checkbox"/> Full / Part time Permanent <input type="checkbox"/> Apprentice <input type="checkbox"/> Relief <input type="checkbox"/> Other	B) <b>Non - Permanent</b> <i>Type of Non-Permanent Employment</i> - <input type="checkbox"/> Term ( <i>Under 1 year</i> ) <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer Student <input type="checkbox"/> Casual <input type="checkbox"/> Apprentice
35. Is the job subject to seasonal layoffs? Yes <input type="checkbox"/> No <input type="checkbox"/>	36. Is the job subject to lack of work layoffs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
37. First day of hire   YY   MM   DD		

**F – Schedule Information** (*Please complete all questions that apply*)

38. Number of days on _____ Number of days off _____	39. Hours per Shift / Day _____	40. Hours per Rotation _____
41. 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		
42. 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*)

43. What is your hourly rate of pay? _____ / hr <i>If you are paid other than hourly or on salary please attach an explanation</i>	What is your annual gross earnings? _____
44. Do you receive any other benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> (eg: Vacation pay, Northern Allowance, Bonus)	<b>If yes, explain in detail with amounts or averages:</b>
45. Do you regularly work or get paid for overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
46. Provide an estimate of regular overtime hours _____ / day week month <i>Please circle</i>	47. What is your overtime rate? _____ / hr
48. Are you being paid for lost time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
49. Do you have a second job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, have you missed time from this job due to your injury? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If you have more than one other employer please list all employers and their contact information)</i>	
Name of second employer: _____	Contact name and phone: _____

**WORKER'S CONSENT**

I hereby claim compensation for work-related injuries or disease.

**Information Sharing-** I understand that the above information about me will be used by the WSCC for the sole purpose of conducting an investigation into this claim. I also understand that the WSCC will need to gather more information about my work incident and medical and work history to administer my claim. For that specific purpose only, some personal information may have to be disclosed to employers, medical personnel and other relevant third parties.

**I authorize the WSCC to provide and gather such information from all necessary sources, including hospital and doctors' records, and employer records.**

**Information Accuracy-** I understand that incomplete information from me may delay my claim, and that untrue information from me is unlawful.

**I declare the information above is true and accurate. I understand it may be a criminal offence to make a false claim, or to work and earn income while receiving workers' compensation without telling the WSCC.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

For more information on our Legislation and Policies, please visit our Website  
[www.wsccl.nt.ca](http://www.wsccl.nt.ca) • [www.wsccl.nu.ca](http://www.wsccl.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.wsccl.nt.ca](http://www.wsccl.nt.ca) or [www.wsccl.nu.ca](http://www.wsccl.nu.ca)