Form 408-6

WCB SASKATCHEWAN WORKERS' COMPENSATION BOARD
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Regina, Sask. S4P 4L1
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Toll Free: 1-800-667-7590 (Canada wide)
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Reset Form **E1**

Employer's Initial Report of Injury

WCB Claim No.:

Reporting Options: (1) WCBTelefile 1-800-787-9288 (2) WEB www.wcbsask.com (3) Fax

Section A: Employer Information

Click on any field to start editing.

Name, address, postal code

Type of Business:
Phone Number:
Contact Person:
E-mail:
Fax Number:
WCB Firm No.: Industry Rate Code:

Section B: Worker Information

Name, address, postal code

Specific Division (if applicable):
Occupation:
Social Insurance Number:
Personal Health Number:
Birthdate: D M Y Sex: ☐ Male ☐ Female
Hire Date: D M Y

Section C: Injury Information

1. Injury date: D M Y 2. Reported to employer on: D M Y 3. Province of injury:
4. Area of body injured: 5. Name of healthcare provider:
6. How did the injury happen?

7. Has the employee lost time from work, due to the injury, after the day of injury? ☐Yes; If "yes", go to question #8 ☐ No; If "no", go to Section E
8. First day off and time employee left work due to this injury: Date D M Y Time ☐ am ☐ pm
9. Has employee returned to work ☐Yes ☐No If "yes": Date D M Y Time ☐ am ☐ pm
10. Do you have any reason to believe that this is not a work-related incident? ☐ Yes ☐ No If "yes", provide attachment(s) with explanation.

Section D: Wage and Employment Information

11. How is the employee paid? If Regular Salary: Hourly $ per hour, hours per week; If Monthly $
If Non-Regular: ☐ Piecework ☐ Sub-Contractor ☐ Owner / Operator ☐ Casual ☐ Other (explain)
12. Provide gross earnings for the 12 months preceding first day off work due to injury, starting with the most recent complete pay period. If less than 12 months, show earnings for actual period: Gross earnings$ from D M Y to D M Y
13. Time lost during the gross earning period due to: (a) Unpaid sickness days; (b) Prior WCB claims days; (c) Lack of work days;
(d) Other days, explain
14. Normal working hours for employee: From ☐ am ☐ pm to ☐ am ☐ pm Shift work involved ☐ Yes ☐ No
15. Does the employee have regular days off? ☐Yes ☐No If "Yes", circle which days off: Sun Mon Tue Wed Thu Fri Sat
If "No", circle the days off for the month of the injury, plus one month before and one month after first day off due to injury.

MONTH BEFORE INJURY PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
MONTH OF THE INJURY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
MONTH AFTER INJURY PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

16. TD1 Exemptions: ☐ Single ☐ Spouse, if partial provide: Provincial amount $ Federal amount $
☐ Other: $ No. Children 18 years or under
17. Should compensation payments be made to: ☐ Employee, OR ☐ Employer? 18. Will employee be paid for statutory holidays? ☐Yes ☐ No

Section E: Declaration

I declare that all the information provided is true and correct to the best of my knowledge.

Please print & sign form before mailing/faxing.

D M Y | Name (please print) | Title | Signature

Revised 01/07/2004