Yukon Workers' Compensation Health and Safety Board

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Whitehorse, Yukon
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fax: 867 393-6279
claims fax: 867 667-8740
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February 26, 2020

TO: **ATTN:**

Fax: 867-

Please complete the following and return to the Workers' Compensation Health & Safety Board, Claimant Services Branch immediately. Medical fax # **867-667-8740**

RE: Worker: **Injury Date:**
Claim #: 300__-______

1. **Total gross earnings** (including value of accommodation, bonuses, etc.) for **<u>TWO completed pay periods PRIOR</u>** to the incident, and **<u>not including the date of the incident</u>**. If two pay periods prior to the date of injury do not show typical earnings, please include an additional two pay periods.

Rate of Pay ☐ hourly rate__________

Pay Periods

$________From___________to _____________

$________From___________to _____________

Additional Pay Periods (if required)

$________From___________to _____________

$________From___________to _____________

2. Pay Intervals – Check one

☐ daily ☐ weekly ☐ biweekly ☐ monthly ☐ semi monthly ☐ other – explain

3. Work Schedule

Hours per day__________ Days per week_______ Days of the week____________

First Day missed after injury __________________
(Please provide us all the missed days since the injury)

Date Returned to work___

***Please provide an explanation of any large differences between the gross earnings for each pay period. (Examples: unusual amount of overtime, vacation pay-out, bonus, etc.)**

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4. Will you continue to pay the worker if they miss time from work due to this injury?

☐ Yes ☐ No Contact Information: __

Thank you