WSIB Ontario | **Employer's progress report** **42**

Claim number

Visit wsib.ca/submit to submit this form and supporting documents.

Claimant's name	Claim number	Injury/illness	Original date of accident/injury

1. Choose one of the following which best describes the claimant's current situation and complete remainder of form as indicated.
   - ☐ This claimant **has not** lost time or pay from work (complete **only** questions 2 and 3)
   - ☐ This claimant **has lost time** and **has** returned to work (complete **only** questions 2 to 5)
   - ☐ This claimant **has lost time** and **has not** returned to work (complete **only** questions 6 to 10)

2. The claimant returned to (check all that apply)
   - a) ☐ regular work or ☐ modified work
   - b) ☐ regular pay or ☐ reduction in pay
   - c) ☐ regular hours or ☐ reduction in hours

   Provide details on this claimant's return to work.

3. a) Indicate the return-to-work status
   - Return-to-work plan in place? ☐ Yes ☐ No
   - Plan on schedule? ☐ Yes ☐ No

   b) Do you need our assistance in getting the claimant back to work? ☐ Yes ☐ No

4. Date and time of return-to-work ☐ a.m. ☐ p.m.

5. a) Total number of shifts/days lost

   b) If claimant is repeating rotational shift work provide the length of each shift/day lost (e.g. four days on, four days off - or - works a set schedule of five days per week but days worked each week vary)

6. Who is responsible for arranging the claimant's return-to-work? ☐ Me ☐ Someone else

Name	Position	Phone

7. Has contact been made with the claimant to discuss their status and return-to-work? ☐ Yes ☐ No

   Details

   If yes, date of last contact/discussion (dd/mmm/yyyy)

   What was the outcome of that discussion?

8. Have you received this claimant's work limitations or functional abilities for a return-to-work? ☐ Yes ☐ No

   If yes, when did you receive them? (dd/mmm/yyyy)

   How did you receive them? ☐ WSIB functional abilities form ☐ Medical note ☐ Other functional abilities form ☐ Other

9. Are you able to accommodate this claimant? ☐ Yes ☐ No

10. Please explain why the claimant has not returned to work.

It is an offence to deliberately make false statements to the WSIB. I declare that all of the information provided on this page is true.

Name of person completing this report	Official title	
Signature	Phone	Date (dd/mmm/yyyy)

☐ Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.