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Provide the claimant's reduced average hourly or daily gross earnings rate including any allowances or bonuses from _____ to _____ inclusive.	Gross earnings rate \$ Daily Hourly	If the claimant returned to pre-injury rate (dd/mmm/yyyy)
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If the claimant lost any time from work during the period to which the above earnings apply, provide the following:

Dates off work	Number of hours/days	Cause

Please indicate reason for the reduced earnings rate.

Loss of shift differential	Previous job no longer available
Reduced number of hours	Loss of production or other bonuses
Reduced hourly rate	Other reasons (specify)

Number of hours currently working: Per day _____ Per week _____

In your opinion, did the reduced earnings result from the injury? Yes No — Explain

What was the type of employment for which the earnings apply?

When do you consider the claimant able to resume usual occupation at the regular rate of pay?

If the claimant is receiving full pay while on modified work, what percentage of value do you place on the claimant's services during this period?

Will the claimant's rate of pay remain constant? No Yes — Enter duration

Please advise us of any changes in the rate of pay and date effective.

Additional comments

Name	Title	Telephone
Signature		Date

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.