

WCB Employer's Report Information Sheet

Payroll receives notification that an employee is claiming a workplace injury. The notification can arrive in one of 3 ways:

1. The employee checks off on Section C of the Occurrence Report that they are seeking medical attention, and/or they check that it is a lost time injury, or that they are disabled longer than day of occurrence.

SECTION C: STAFF OCCURRENCE / NEAR MISS		Occurrence #: []	
PART 1: REPORT BY STAFF MEMBER			
Name: (please print) []		Manager Name: (please print) []	
Facility/Building/Location: (where it happened) []			
Department/Job Title: []		Union Affiliation: <input type="checkbox"/> None <input type="checkbox"/> MNU <input type="checkbox"/> Prof Tech <input type="checkbox"/> CUPE <input type="checkbox"/> MGEUCS	
Date of Event: [] / [] / [] [] [] [] []		Time: [] [] [] [] 24 hr clock	
Witness: <input type="checkbox"/> Yes []		<input type="checkbox"/> No [] Name (please print) []	
Actions following incident: Check all that apply unless it is Report only. Note that missing time from work or seeking medical attention (doctor, chiropractor, etc.) requires a WCB claim.			
<input type="checkbox"/> Report only <input type="checkbox"/> First Aid <input type="checkbox"/> Remained at work <input type="checkbox"/> Disabled longer than day of occurrence <input type="checkbox"/> Medical Aid (saw/will see doctor) <input type="checkbox"/> Lost Time Injury			
<small>Detailed description of incident (include task, duty, time of incident, etc.) []</small>			



2. The manager or designate provides medical documentation to payroll from the employee regarding the workplace injury and provides details about how the time away from work should be coded for payroll purposes.
3. The payroll person receives a request for information from WCB because either the employee or their healthcare provider have reported an injury to WCB. This request for information is accompanied by a cover letter and looks like this at the top of the page:



Please FAX this form IMMEDIATELY to:
 204-954-4999 (Toll-free 1-877-872-3804)
 or report this claim by calling:
 204-954-4100 (Toll-free 1-800-362-3340)
 333 Broadway • Winnipeg R3C 4W3

EMPLOYER'S INCIDENT REPORT

Claim No. []	2
---------------	----------

It is important to note that the employer only has 5 business days from the date of notification to provide the required information to WCB. If the five day deadline is missed, WCB has the right to levy a fine of \$500 against the employer for late reporting.

Once notification is received, the Employer's Incident Report can be submitted in three different ways:

1. Via on-line reporting (If set up)
2. By faxing the completed report to the number listed at the top of the form
3. By phoning in the information to WCB

Regardless of the reporting method used, it is important for the payroll person to confirm with the manager prior to completing the report if there are modified duties available for the employee, as this information should be provided to WCB. While light duties are encouraged wherever possible, if the manager is uncertain if they can accommodate the employee with light duties they may contact the Disability Case Coordinator assigned to their area to discuss the situation.

The check-box for light duties can be found in the following locations:

1. On-line:

The screenshot shows a web form with several tabs at the top: Employer, Worker, Incident, Coverage, Time Loss, Doctor(s), and Submit. The 'Time Loss' tab is active. The form contains the following questions and input fields:

- Has the worker missed time from work, or have you changed their salary or duties as a result of the injury? Yes
- What was the last date worked following the incident? [] / [] / [] (dd/mm/yyyy)
- How many hours did the worker work on the last day? []
- How many hours was the worker scheduled to work on the last day? []
- How many hours was the worker paid for on the last day? []
- Has the worker returned to work?
- Are you continuing to pay the worker during time loss?
- Do the worker's hours per week vary?
- Do the worker's regular days off vary?
- What is the worker's current hourly wage? []
- What is the worker's shift premium? []
- Please describe the shift premium: (max 255) []
- What are the worker's regular gross earnings? []
- For the period:
- What are the worker's total gross earnings for the last calendar year? []
- What date did the worker begin employment with your firm? [] / [] / [] (dd/mm/yyyy)
- If employed less than one year; what are the worker's gross earnings for the period of employment? []
- If employed more than one year; what are the worker's gross earnings for the 12 months prior to the incident? []
- Are you able to accommodate the worker in alternate/modified duties?

The check-box will only appear if the answer to the question at the top of the page is **Yes**.

- On the bottom of Page 1 of the paper copy of the Employer's Report:

Time Loss & Wages (Only complete this section if the worker missed time from work beyond the date of the incident)

What was the last day and hour worked following the incident? <input type="text"/> at <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	
Has the worker returned to work? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? <input type="text"/> at <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	
Are you continuing to pay the worker during time loss? <input type="checkbox"/> yes <input type="checkbox"/> no	What wages were paid to the worker on the last date worked? \$ <input type="text"/>
How many hours does the worker work per week? If it varies, please describe. <input type="text"/>	What are the worker's regular days off? If it varies, please describe. <input type="text"/>
What are the worker's regular gross earnings? (Specify weekly, bi-weekly, etc.) \$ <input type="text"/>	What are the worker's total gross earnings for the last calendar year? \$ <input type="text"/>
What date did the worker begin employment with your firm? <input type="text"/>	If employed less than one year, what are the worker's gross earnings for the period from the date of employment to the date of the incident? \$ <input type="text"/>
If employed more than one year, what are the worker's gross earnings during the twelve months prior to the date of the incident? \$ <input type="text"/>	Are you able to accommodate worker in alternate duties? <input type="checkbox"/> yes <input type="checkbox"/> no

- If the report is being phoned in to WCB, it is important to note that **the WCB intake workers do not ask this question**. It is up to the payroll person to state during the phone call whether modified duties are available after checking with the manager prior to contacting WCB.

Once the information has been provided to WCB a copy of the report should be forwarded to WS&H for the employee's Disability Management file.