Employer's Statement of Return to Work

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number	Social insurance number

Preferred first name	Personal health number (BC Services Card/CareCard)	Date of birth (yyyy-mm-dd)

Address	City	Province	Postal code

Email address	Phone number (please include area code)

Employer's information

Employer name (as registered with WorkSafeBC)	Phone number (please include area code)

Address	City	Province	Postal code

Details of injury

Worker's occupation	Date of injury (yyyy-mm-dd)	Location of plant or project where injury occurred	Postal code

Date worker was first laid off work (yyyy-mm-dd)	Time ☐ a.m. ☐ p.m.

Has worker returned to work? ☐ Yes ☐ No	If yes, what date? (yyyy-mm-dd)	Time ☐ a.m. ☐ p.m.

Did this employee work between first time off and final return or recovery? ☐ Yes ☐ No	If yes, please give dates From to

Did worker return to work as soon as possible? (please give your opinion)

Or if not returned to work, is the worker able to do so? (please give your opinion)

On what date do you consider the worker was first able to return to work? (yyyy-mm-dd)	Time ☐ a.m. ☐ p.m.

How many working days or shifts did the worker miss?

☐ Days ☐ Shifts

Is the worker earning or able to earn as much as before the injury? ☐ Yes ☐ No	Now earning ($ per week)	If not, how much has the injury reduced the earnings? ($ per week)

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How long is this impairment of earning capacity likely to continue?

Have you paid or allowed the worker anything for the period of disability? ☐ Yes ☐ No If yes, please give particulars

Total amount ($)

Are there any peculiar circumstances or conditions about this case? ☐ Yes ☐ No If yes, please state them

Employer's signature	Title	Date (yyyy-mm-dd)

Additional information

How to submit your form

Online is the quickest and easiest method! Complete this fillable form and add your electronic signature, then visit **worksafebc.com/claims-uploader** to submit the electronic document to the worker's claim file.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1

For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M–F, 8 a.m. to 6 p.m.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, or email **FIPP@worksafebc.com**, or call 604.279.8171.