



C936 PERSONAL ATTENDANT'S WAGE LOSS

9912 - 107 STREET
PO BOX 2415
EDMONTON AB T5J 2S5
FAX: 780-427-5863

Claim Number:

Personal Attendant's Social Insurance #:

Personal Attendant's Name: (Surname) (First Name) (Initial)

Address: Street City/Town Province (Postal Code) Telephone Number:

Note: WCB requires a personal attendant's Social Insurance Number in order to process the T4A slips for income tax purposes.

The above named personal attendant is required to assist a WCB claimant to attend an appointment (i.e. medical examination or appeal hearing) in relation to their claim. WCB can pay a wage loss allowance if the personal attendant has a loss of earnings as a result of leaving work to attend the appointment.

TO ALLOW US TO PROPERLY REIMBURSE THE PERSONAL ATTENDANT, PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS OR FAX NUMBER NOTED ABOVE.

1. Will you pay the personal attendant directly for the time missed to attend this appointment: Yes No

If yes, please proceed to question #7 and return this form to the WCB.

2. Is the personal attendant self employed? Yes No If yes, the personal attendant must supply WCB with either a copy of their previous years T1 General or Option C from Revenue Canada or supply WCB with income and expenses for the period of one month prior to the appointment date.

3. Time missed from work to attend appointment(s): _____ Hours

4. Date(s) missed from work: _____

5. Rate of pay: \$ _____ per Hour Day Month Yearly Gross Other

Explain other _____

6. Average number of hours worked per week/shift: _____

7. Employer's Name: Telephone Number

Address Street City/Town Province (Postal Code)

Email Address: _____

Contact Name (Print): Contact Signature:

Official Title: Date: (Year / Month / Day)