



Making Workers' Compensation Work Since 1991™

Date: _____

To: Workers' Compensation Board

Claimant: _____

Claim Number: _____

WCB #: _____

Injury Date: _____

The above captioned employee received his / her full wages:

For _____ weeks and _____ days for the following period(s):

1. From _____ through _____,
2. From _____ through _____,
3. From _____ through _____

TOTAL GROSS AMOUNT RECEIVED: \$ _____

The employer requests reimbursement pursuant to Section 25(4) of the Workers' Compensation Law at:

_____ : full wages paid

Upon receipt of the requested reimbursement any sick and / or personal time used will be restored on a pro rata basis.

Name of Employer

Signature

Title