



CANADIAN UNION OF POSTAL WORKERS

KITCHENER/WATERLOO LOCAL (560)

27 Manitou Drive, Unit 2-C,

Kitchener, Ontario N2C 1K9

Tel (519) 895-2655 Fax (519) 895-2654

A WORKER'S GUIDE TO REPORTING A WORKPLACE INJURY

REPORT YOUR ILLNESS/INJURY IMMEDIATELY

Do not hesitate in reporting a work-related injury or illness.

Local Union website <http://www.cupw560.ca/>

Learn about union activity and ask questions!
Get involved and attend meetings

WORKERS OBLIGATIONS

A claim must be filed IMMEDIATELY upon the worker learning of the injury/illness. This can be done by having a doctor or health professional fill out a Form 8 or by submitting a Form #6 to the board.

You must contact the employer as soon as possible after the illness/injury, report the incident and maintain contact through your recovery and return to work.

You MUST provide the WSIB with any information requested on your ability to return to work. All Functional Ability Forms (FAF) must be submitted to both the employer and the Board. You may undergo a possible Regional Evaluation at the direction of the Board.

You MUST co-operate in an early and safe return to work, or Work Transition Assessment Plan, as indicated by the Board.

Any material change in circumstances must be reported to the Board/ Case Manager within Ten (10) days.

Remember to utilize the First Aid Books in your work facility. Should you feel that you have sustained an injury/illness on duty (IOD) that does not require immediate medical attention, it is in your best interest to report your injury/illness to your Supervisor for a first aid entry. This may assist you with present or future WSIB claims.

W.S.I.B. FORMS

WORKERS REPORT OF INJURY/DISEASE (FORM 6)

This form is the employees form. Complete this form and return it to the Board. A copy of this form must be given to your employer.

It is important to keep copies of all documentation received or completed. Get the names of witnesses. The WSIB Form 6 is to be filled out by YOU and submitted to the Board as soon as possible. You can fill out and submit the Form 6 on line by going to www.wsib.on.ca. Please print out two (2) copies of the completed Form 6. One copy for your file and one copy must be given to your employer.

EMPLOYERS REPORT OF INJURY/DISEASE (FORM 7)

Make sure your Supervisor/Superintendent completes the required information. A copy of the Form 7 should be given to you within 72 hours of reporting the injury/illness on duty.

This is the form that your employer fills out when you report your illness/injury. Your employer submits this form to E.S.D.C.- Labour Canada who then counter signs the form and submits to W.S.I.B. You should receive a notice of *ELECTION TO CLAIM FORM* from E.S.D.C. prior to your claim being submitted to W.S.I.B. This form must be signed off and returned to HRSDC or your claim will not be processed.

W.S.I.B. FORMS

HEALTH PROFESSIONALS REPORT (FORM 8)

This is the form that your Doctor completes and sends to the Board.

Inform your employer that you are reporting a work-related injury/illness and that you will be seeking out medical attention. Medical attention should be immediate after reporting your injury/illness to your employer. The WSIB form is provided only to the Board, not to your employer, however there is a new Form 8 that has an attached Return to Work information form. Only this page should be given to your employer. The first page still only goes to the WSIB.

FA.F.- Functional Abilities Form

This form, if required, is to be completed by your health care professional at subsequent visits and show what your abilities are. Your employer will receive a copy of this form and can request updates.

If you require any assistance with the information and/or completing any forms, see your Union Representative or call the Local office at 519-895-2655.