

Letter of Authorization to Represent Placement Employer

Please be advised that the following Training Agency (Loyalist College) will serve as the Placement Employer's representative in matters pertaining to the Workplace Safety & Insurance Board in this work related injury.

Training Agency: Loyalist College of Applied Arts & Technology
P.O. Box 4200
Belleville, ON
K8N 5B9

WSIB Firm # _____

Contact Person: Organization Health & Wellness Advisor

Telephone Number: 613-969-1913 ext 2418
Fax: 613-966-5140

This section to be completed by the Placement Employer:

_____, unpaid training participant, is claiming that
(Training participant's name)
he/she suffered a work related injury on _____, while on work
(Date)
placement with our company:

Company Name: _____

Address: _____

WSIB Firm #: _____

Contact Person: _____

Telephone Number: (_____) _____

(Placement Employer's Authorization Signature)

(Date)

Return completed form to Loyalist College HR (FAX number: 613-966-5140)

Note: Completed form to be attached to WSIB Form 7