

Weekly Benefits

Only complete this section if claiming for these expenses

Are you entitled to sick leave?

Yes

No

Period you have received sick leave from

and to

Are you self-employed?

Yes

No

If yes, confirmation of earnings must be submitted with your claim form (income tax return, profit & loss statement etc.)

If you are employed as a wage earner the section below must be completed by your employer

Name of Employer:

Employer Address:

This is to certify that _____ has been unable to attend his/her

occupation as a result of injury from:

to:

His/Her average gross weekly salary at the time of this accident was:

\$ per week

His/Her sick leave entitlement at the time of the accident was:

days

He/She has been employed since:

And is expected to/did resume duties on:

Name of Supervisor or Payroll completing this form:

Telephone Number:

Email Address:

Date:

Signature of Supervisor or Payroll: