



PO BOX 2000 185 THE WEST MALL SUITE 600
ETOBICOKE ON M9C 5L5
TELEPHONE: 1-800-355-9133 FAX: (416) 626-0997

NOTICE OF RETURN TO WORK

Notice of return to work is required **AS SOON AS** employee has resumed his (or her) duties.

Employee's Name _____			
Policy No. _____		Identification No. _____	
Date of return to work	_____	_____	_____
	DD	MM	YY
Time	_____	<input type="checkbox"/>	A.M.
		<input type="checkbox"/>	P.M.
Could employee have resumed work at an earlier date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give date on which he could have resumed work:			
_____	_____	_____	and the reason he did not do so: _____
DD	MM	YY	

Employer's Signature

Date