



Workers' Compensation Board
Alberta

C936 PERSONAL ATTENDANT'S WAGE LOSS

9912 - 107 STREET
PO BOX 2415
EDMONTON AB T5J 2S5
FAX: 780-427-5863

Claim Number:
Personal Attendant's Social Insurance #:

Personal Attendant's Name: (Surname)		(First Name)		(Initial)	
Address Street	City/Town	Province	(Postal Code)	Telephone Number	

Note: WCB requires a personal attendant's Social Insurance Number in order to process T4A slips

The above named personal attendant is required to assist a WCB claimant to attend an appointment (i.e. medical examination, DRDRB review meeting or appeal hearing) in relation to their claim. WCB can pay a wage loss allowance if the personal attendant has a loss of earnings as a result of leaving work to attend the appointment.

TO ALLOW US TO PROPERLY REIMBURSE THE PERSONAL ATTENDANT, PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS OR FAX NUMBER NOTED ABOVE.

1. Will you pay the personal attendant directly for the time missed to attend this appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No If other, provide details: _____
2. Is the personal attendant self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the personal attendant must supply WCB with income and expenses for the period of one month prior to appointment date. _____
3. Time missed from work to attend appointment(s): _____ Hour or _____ Day or _____ Other (eg., trips)
4. Date(s) missed from work: _____
5. Rate of pay: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Yearly Gross <input type="checkbox"/> Other Explain other _____
6. Number of hours worked per week/shift: _____
7. Circle the personal attendant's usual day(s) off S M T W T F S or shift cycle if applicable: _____
8. Date shift cycle commenced: _____ (Year / Month / Day)
9. Employer's Name: _____ Telephone Number _____
Address Street _____ City/Town _____ Province _____ (Postal Code) _____

Contact Name (Print):
Contact Signature:
Official Title:
Date: _____ (Year / Month / Day)