

Current School Year  
SHORT FORM



ALGONQUIN & LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD  
Workplace Safety & Insurance Staff Report  
As require by WSIB legislation

*This shorter version should be completed by Employees of the Board who believe the injury they have sustained, to be minor i.e. scratches (no broken skin), pinches, slaps etc.*

*The employee reserves the right to complete the Long Formal WSIB form and the principal/ supervisor to complete the investigation report should they choose.*

**INSTRUCTIONS TO EMPLOYEE:**

- Complete form and sign & date below
- Fax to Payroll Services (613)-354-0107 or email to [WSIBPayrollservices@alcdsb.on](mailto:WSIBPayrollservices@alcdsb.on)

Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_ SCHOOL # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Days Worked per Week: \_\_\_\_\_

Working Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Date & Time of Incident: Date \_\_\_\_\_ Time: \_\_\_\_\_

Date & Time Reported: Date \_\_\_\_\_ Time: \_\_\_\_\_

Reported to: (Name and Position) \_\_\_\_\_

Is this a Violent Incident  No  Yes if yes : Violent Incident report completed and sent to Human Resources  Yes

**DESCRIBE** what happened to cause accident/illness and what you were doing at the time. Please indicate what the injury is and any details of equipment, materials, environment conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have been involved.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Describe

area of Injury, indicating right or left if applicable: \_\_\_\_\_

\_\_\_\_\_

Describe where incident occurred: \_\_\_\_\_

Do you have any prior related WSIB/WCB claims?  No  Yes : if yes with this School Board  No  Yes

Was any individual not working for the School Board partially or totally responsible for this accident/illness?  
 Yes  No

If **yes**, please provide name, phone # and company this person worked for: \_\_\_\_\_  
Please do not report student's names

**Please note that by completing and signing this form you are stating that you did not and do not expect to have lost time or seek medical attention. Should that happen you must complete the long formal WSIB form and fax/email it to Payroll Services immediately.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Based on the information supplied the School Board may require the formal WSIB forms to completed.**