



Letter of Authorization to Represent Employer

Please be advised that the following Training Agency (university/college) will serve as the Employer's representative in matters pertaining to WSIB in this work-related injury/disease.

Training Agency: Carleton University

Address: Human Resources, 507 Pigiavik

City, Province: Ottawa, ON

Postal Code: K1S 5B6

Firm #: 223774BE

Contact: humanresources@carleton.ca

Telephone #: 613-520-2600

This section is to be completed by the Placement Employer:

_____, (training participant) the unpaid training participant is claiming that he/she/other suffered a work-related injury or disease on _____(date) while on an unpaid work placement with our company.

Company Name: _____

Address: _____

City, Province: _____

Postal Code: _____

Firm #: _____

Contact Person: _____ **Telephone #:** _____

(Placement Employer's Authorized Signature)

(Date)

Note: This form is to be attached to Form 7 and sent to the WSIB by Carleton University.