

Case #:	Name:	Employer:
Sunday		
Describe Tasks		Comments
Date:		
Hours Worked:		
Monday		
Describe Tasks		Comments
Date:		
Hours Worked:		
Tuesday		
Describe Tasks		Comments
Date:		
Hours Worked:		
Wednesday		
Describe Tasks		Comments
Date:		
Hours Worked:		
Thursday		
Describe Tasks		Comments
Date:		
Hours Worked:		
Friday		
Describe Tasks		Comments
Date:		
Hours Worked:		
Saturday		
Describe Tasks		Comments
Date:		
Hours Worked:		

Information on this form is collected under the authority of section 31(c) of the Freedom of Information and Protection of Privacy Act and will be used to monitor easeback/modified duties. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.

**Please complete and return to the Workers Compensation Board
14 Weymouth Street, P.O. Box 757, Charlottetown, PE, C1A 7L7 or Fax: 902-368-5696**

Supervisor's Signature: _____ Date signed: _____