



EASE BACK/MODIFIED DUTIES JOURNAL

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca
 Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

Claim Number:	Name:	Employer:
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:		
Sunday		
Describe Tasks		Comments
Date:		
Hours Worked:		

Please complete and return to the Workers Compensation Board
 14 Weymouth Street, P.O. Box 757, Charlottetown, PE, C1A 7L7 Fax: 902-368-5696 Email: workerservices@wcb.pe.ca

Supervisor's Signature: _____ Date signed: _____

Information on this form is required for the purposes of administering the *Workers Compensation Act* and collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. 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