

LETTER OF AUTHORIZATION TO REPRESENT PLACEMENT EMPLOYER

This section is to be completed by the Training Agency (Ryerson Site)

Please be advised that the following Training Agency will serve as the Employer's representative in matters pertaining to the WSIB in this work related injury.

Training Agency: Ryerson University

Address: 350 Victoria Street

City, Province: Toronto, Ontario

Postal Code: M5B 2K3

Contact Person (Instructor/Faculty Advisor): _____

Telephone Number: 416.979.5000 ext. _____

Ryerson Contact Person (Practice Year Lead Faculty): _____

Telephone Number: 416.979.5000 ext. _____

This section to be completed by the Placement Employer (Placement Agency)

_____, unpaid training participant is claiming that he/she
(Training Participant's Name)

suffered a work related injury on _____ while on work placement with our
(Date)
company.

Company Name (Placement Agency): _____

Address _____

City, Province _____

Postal Code _____

Contact Person _____ Telephone Number _____

Placement Employer's Authorization Signature

Date

To be attached to the WSIB Form 7.