

LETTER OF AUTHORIZATION TO REPRESENT PLACEMENT EMPLOYER

This section is to be completed by the Training Agency (Toronto Metropolitan University)

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: Toronto Metropolitan University

Address: 350 Victoria Street

City, Province: Toronto, Ontario

Postal Code: M5B 2K3

Contact Person: Elizabeth Allemang, Interim Director 416-979-5000, ext. 557625

OR

Loreto Freire, GTA Placement Coordinator 416-979-5000 ext. 554807

OR

Martha Sharpe, GOA Placement Coordinator 416-979-5000 ext. 557943

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.