APPENDIX G

Ministry of Advanced Education and Skills Development
Ministère de la Formation et des Collèges et Universités
Mowat Block
900 Bay St.
Toronto ON M7A 1L2
édifice Mowat
900, rue Bay
Toronto ON M7A 1L2

Letter of Authorization to Represent Employer

This section to be completed by the Training Agency

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

Training Agency: Humber College

Address: 205 Humber College Blvd.

City, Province: Toronto, ON

Postal Code M9W 5L7 Firm # 855881

Contact Person Desta McCalla Telephone # 416.675.6622 x4237

This section to be completed by Placement Employer

_____, unpaid training participant is claiming that they
(Training Participant's Name)
suffered a work related injury on _____ while on a work placement with our
(Date)
company.

Company Name _____

Address _____

City, Province _____

Postal Code _____

Contact Person _____ Telephone Number _____

_____ _____
Placement Employer's Authorization Signature Date

To be attached to Form 7 and sent to WSIB.