

CERTIFICATION TRAINING REIMBURSEMENT REQUEST FORM

To qualify for base wage and vacation time reimbursement, the following must occur:

- The person must be a designated certified member representing workers on a Joint Health & Safety Committee on a construction project.
- The construction project must employ 50 or more workers and the project must last 3 or more months.
- The person must have successfully completed all training.

The following information must be provided:

- A letter from the person's union stating that the person has been selected as a designated certified member representing workers; and/or
- A letter from the employer or general contractor stating that the person was selected as the designated worker representative and is the designated certified member representing workers on a construction project.

Designated Certified Member's Name: _____

Certification ID Number (WSIB): _____

Address: _____

Phone: _____

Construction Health and Safety Representative (or equivalent) Training Date: _____

Sector-specific Training Date: _____

Simulated Hazard Analysis Training Date: _____

Project Number: _____ Project Address: _____

Project Size (# of people employed): _____

Project Start Date: _____ Project End Date: _____

Invoice Requirements

- An invoice outlining the hourly rate (at the rate set at the time of taking the training), from either the employer or union and the total reimbursement amount is requested.
- An original, signed "statement of wages" for the period of time that the designated certified member representing workers spent taking the training. A union or employer may claim for a designated certified member representing workers only once.
- The maximum reimbursement is for 13 days, 8 hours per day and 40 hours per week. Max - 104 hours at the set base rate and vacation when the training was taken.
- The same reimbursement policy applies to all training formats, including home-study programs and programs accepted as equivalencies.

Submit this form and all documentation requested on the form to:

Dilshad Nazerali, 21 Voyager Court South, Etobicoke, ON M9W 5M7

For further information contact:

Dilshad Nazerali, IHSA, 1-800-781-2726 or dnazerali@ihsa.ca

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