



**Toronto Transit Commission**  
 1900 Yonge Street, Toronto, ON M4S 1Z2  
 416-393-4000

**Acknowledgment of Salary Continuance, Direction to Pay and Authorization to Deduct from Wages (“Direction”)**

**Employee number:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_  
**First day of salary continuance:** \_\_\_\_\_  
**Incident/Accident date:** \_\_\_\_\_  
**Pay period covered by salary continuance:** \_\_\_\_\_

**Acknowledgement of Payment**

I, \_\_\_\_\_, hereby acknowledge receipt of the disability payments from the Toronto Transit Commission’s (“TTC”) as salary continuance in relation to my loss of earnings benefits that I may be entitled to and paid pursuant WSIB Claim Number \_\_\_\_\_ (“Salary Continuance Payment”).

**Direction to the Workplace Safety and Insurance Board (“WSIB”):**

I, \_\_\_\_\_, direct and authorize the WSIB to issue a cheque(s) to the TTC for the full amount of the WSIB award/lump sum payment and/or any periodic payments for loss of earning benefits that the WSIB and/or the Workplace Safety and Insurance Tribunal (“Lump Sum”) determines that I am entitled to under the *Workplace Safety and Insurance Act* in respect of WSIB Claim Number \_\_\_\_\_ for the purpose of reimbursing the TTC’s the Salary Continuance Payment.

I acknowledge and agree that after the TTC deducts the Salary Continuance Payment from the Lump Sum that the TTC will pay me any remaining amounts, if applicable. either in a lump sum or through period payments.

This Direction shall be your good and sufficient authority for so doing.

**Authorization to Deduct from Wages:**

I, \_\_\_\_\_, hereby authorize the TTC to make required deductions from my wages to recover any Salary Continuance Payment advanced to me relating to the \_\_\_\_\_ incident/accident and/or any overpayment of benefits pursuant to WSIB Claim Number \_\_\_\_\_. This Authorization shall be your good and sufficient authority for so doing.

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Josh Colle, Chair	John Campbell, Commissioner	Mary Fragedakis, Commissioner
Alan Heisey, Q.C., Vice-Chair	Vincent Crisanti, Commissioner	Ron Lalonde, Commissioner
Richard J. Leary, Chief Executive Officer (Acting)	Glenn De Baeremaeker, Commissioner	Joe Mihevc, Commissioner
Rick Byers, Commissioner	Joanne De Laurentiis, Commissioner	Denzil Minnan-Wong, Commissioner



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**Acknowledgement of Debt Owed:**

I acknowledge and agree that the Salary Continuance Payment advanced to me pursuant to are a debt owed to the TTC. In the event the total amount of the Salary Continuance Payment paid to me pursuant to the incident/accident of \_\_\_\_\_are not recoverable for any reason, I acknowledge that I owe the total amount or any remaining amounts to the TTC as a debt that is payable upon demand. I acknowledge and understand that TTC will commence legal proceedings against me to recover any amounts owing in respect of the Salary Continuance Payment made to me and any costs and expenses it incurs.

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

**Distribution:**

- Original:** Original - Occupational Health & Employee Wellbeing ("OHEW")
- Copy:** WSIB
- Copy:** Claimant (Employee)
- Copy:** TTC Legal Department (**Only if Third Party Involved**)

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