Ministry of Social Development and Poverty Reduction

ASSIGNMENT WORKSAFE BC

SR Number:

RE:

NAME OF APPLICANT	PID#
ADDRESS OF APPLICANT	
WCB CLAIM NUMBER	DATE OF ACCIDENT (YYYY-MMM-DD)

I, _____ for valuable consideration do hereby assign, transfer, and set over to Her Majesty the Queen in right of the Province of British Columbia represented by the Minister of Finance at _____, Province of British Columbia, any sum or sums payable to me or to my order, by way of the worksafe BC Claim # _____ .

The amount of this assignment shall be limited to the sum of money actually expended and/or the actual cost of service (s) provided by the Ministry of Social Development and Poverty Reduction of the Province of British Columbia, pursuant to the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act,* as applicable, on my behalf.

Signed and delivered by the applicant on

the _____ day of _____ , _____ .(year)

_____) (_____
(Signature of Witness) (Signature of Applicant)

_____) (_____
(Print Name) (Date YYYY-MMM-DD)

_____)
(Address)

_____)
(Occupation if applicable)

Assistance has been granted to _____ in the amount of $ _____ for the period _____ to _____ and effective
Date (YYYY-MMM-DD) Date (YYYY-MMM-DD)

_____ assistance will be issued in advance in the amount of $ _____ .
Date (YYYY-MMM-DD)

The cheque is to made payable to the Minister of Finance.

(SIGNATURE OF WORKER)	EMPLOYMENT AND ASSISTANCE OFFICE ADDRESS
The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*. Disclosure of the personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance office.	

SAMPLE

Security Classification: MEDIUM