WSCC Workers' Safety & Compensation Commission | ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᓪᓕᐅᒃᑯᒪᓂᒃ ᖃᐅᔨᓴᖅᑎᑦ

Payroll Revision

Employer Name	Employer Number
Address	
Phone Number	Fax Number

Assessment Year: _____

Initial Estimate Northwest Territories $ _____

Nunavut $ _____

Revised Estimate Northwest Territories $ _____

Nunavut $ _____

Reason for Revision: _____

_____

_____

_____

Complete and submit a Clearance Request form if this revision is due to a contract.

To avoid a penalty, you must report significant changes in your payroll estimated throughout the year.

Requested by _____ Signature _____

Phone Number ( ) _____ Ext. # _____ Date _____

E-mail _____

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677

or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501

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