

Claims and General Information Phone: 902.491.8999

Fax: 902.491.8001 Toll free: 1.800.870.3331 **Employer Account Information**

Phone: 902.491.8324 Fax: 902.491.8326 Toll free: 1.877.211.9267

March 3, 2025

Kai Patel 861 Bridges Street Halifax, Nova Scotia B3H 2Z6

Dear Kai:

I am pleased to offer you a casual Financial Associate position (CAS 06-25 EXT & Position # 80001587) with the Workers' Compensation Board of Nova Scotia (WCB). You will report to Manager, Financial Services.

The term of your casual employment will be from March 10, 2025 to April 9,2025. The WCB may offer to extend the term based on operational requirements or end it earlier than anticipated where the WCB determines the casual position is no longer required.

Your hours of work will be established by your Manager, based on seven (7) hours per day and thirty-five (35) hours per week. Any hours worked in excess of 35 hours per week between Sunday to Saturday will be eligible for overtime, subject to Manager approval. Your salary will be \$27.24 per hour.

For payroll purposes, you are required to submit your hours worked by email to Payrollandbenefits@wcb.ns.ca, copying your Manager, every Monday for the previous week worked.

Eligibility to Work in Canada: It is a condition of this offer that you are legally eligible to work in Canada. You will be required to provide proof of same. If you have a temporary work permit, you agree to renew the permit prior to its expiry.

As an allergy-sensitive environment, and in accordance with our Policy, employees with life-threatening allergies are responsible for sharing the particulars of their allergy (what they are allergic to and what measures to take in the event of an emergency) with HR and their manager. Employees are advised not to bring peanuts, tree nuts or shellfish or products/foods into the WCB workplace and take reasonable precautions to prevent life-threating allergic reactions. Our Policy, Life Threatening Allergy Safety and Anaphylaxsis Prevention, can be provided to you prior to your start date if requested and is also found on our intranet site.



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Should you have any questions, please contact your Manager.

Sincerely,

Jim Brown

Human Resources Business Partner

cc: Manager, Financial Services Payroll and Benefits Coordinator



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CONFIDENTIALITY AGREEMENT

Kai Patel [please print), confirm that I will be employed with the WCB. I understand and
agree that during the full course of my employment with the WCB, I may be exposed to confidential
sensitive and privileged information about the WCB, its clients, operations, and stakeholders. I agree to
hold all information gained in my capacity as an employee with the WCB in the strictest confidence
throughout my employment and after its completion, and I agree that I will not disclose any such
information about the WCB, its clients, operations or stakeholders to any person or agency withou
specific instructions to do so from my immediate supervisor or his/her designate.
I acknowledge that a copy of this Agreement has been provided to me, and in signing I agree that I have
read and understand the contents and agree to be bound by the provisions contained herein.

March 3, 2025

Date

Name (Sign)

Maria Patriquin

Witness (Print Name)

Witness (Sign)

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CONFLICT OF INTEREST AGREEMENT

Kai Patel I, (please print), acknowledge t	hat:
I have been provided with a copy of the Conflic	ct of Interest Policy (C4.2) of the WCB;
 I have read and understood that Policy; and 	
 I have had an opportunity to consult with a 	representative of the WCB with respect to my
responsibilities and obligations as defined in t	he Policy.
I confirm that as of the commencement of my emplo	yment with the WCB, I do not have a Conflict of
Interest (or perceived Conflict of Interest) as described	in the Policy.
I agree to be bound by the provisions of the Conflict o	f Interest Policy, as may be amended from time to
time.	
March 3, 2025	8
Date	Name (Sign)
	Maria Patriquin
	Witness (Print Name)
	Med
	Witness (Sign)