

Wage Information

This form is to verify the wage particulars for the claim to ensure correct payment of benefits and accurate reporting of data.

Part 1 - Claim details

Claim Number /

Worker first name

Worker surname

Employer name

Date commenced employment / /

Position title

Brief job description
(attach position description)

Industry employed

Does the worker have any other known employment?

Standard number of hours worked per week Standard hours worked each day

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full time Part time Permanent Casual

Apprentice Year or level of Apprenticeship Contractor/ Subcontractor
If yes, supply copy of contract

Student Volunteer

If the worker is employed as a casual:

Hourly rate Average number of hours worked each week *(over the last 3 months of employment)*

Base weekly rate in accordance with Award or other Registered Agreement
Excludes shift work, overtime or other penalty rates, over-award payments, tool and clothing allowance.

Weekly amount paid to the worker for productivity allowance
Relates only to the worker's performance of their ordinary hours

Usual weekly amount paid to the worker
Includes overtime, penalty rates and over award payments. Exclude special expenses such as clothing and tool allowance.

Part 2 - Complete this section if the worker is employed under an Award or Registered Agreement

Full title of award/agreement Award Code

Classification, Grade or level of worker Serial Number

Part 3 - Complete this section if the worker is not employed under an Award or Registered Agreement

Average Weekly Earnings paid to the worker
Includes overtime, penalty rates and over-award payments. Exclude special expenses such as clothing and tool allowance.

Is there an award or agreement that would be fair and reasonable to apply to the worker? Yes No

If yes, Full title of award or agreement

Award Code Award Rate

Additional comments:

Does the worker belong to one of the following employment types?

Sole Trader Working director Partner
(Individual who has entered into a partnership with others)

Taxi driver / owner Taxi driver / contractor
(complete Part 4)

Self employed *Please supply additional comments outlining the nature and circumstance of your employment*

If yes to any of the above employment types, please supply copies: *(for the last 2 years)*

Business Activity Statement Tax Return
ATO Notice of assessment Profit & loss statements

Part 4 - Taxi Driver - Only

First year permanent driver Drivers Percentage %

Second year or greater permanent driver Drivers Percentage %

Casual Driver Drivers Percentage %

Indicate method of payment:

Commission Yes No
(chargeable fares x drivers percentage. Excludes fuel & car wash costs)

Or

Set pay in Yes No
(chargeable fares less 'pay in' amounts and excess kilometres. Excludes fuel & car wash costs)

Record here the shift details worked during the full week immediately prior to the worker being incapacitated:

From date: / /

To date: / /

Total number of shifts worked during the week

Total amount of chargeable fares recieved for the week
(chargeable fares includes, standard fares, multiple hirefares, non-passenger fares, radio hirings, contract hirings, baggage fares, but exclude gratuities)

Total charge for excess kilometres *(if applicable)*

Total 'Pay-in' charges (includes GST) for the week *(if applicable)*

Total weekly wage paid to the worker

Please supply copies of the following documents:

Copies of the taxi drivers takings and expense logs over the last 3 months

Copy of the Election Form - Method of Payment for Taxi Drivers

Part 5 - Declaration

* I have read the information provided in this form.

* I declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.

* I understand that making of a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

* I am authorised to act on behalf of the employer.

Print name

Position Title

Signature

Date / /

Part 6 - CGU Office use only

Case Manager Action:

Determine the worker's current weekly wage rate

Maximum statutory rate applicable under s35

Award / Registered Agreement details verified?

eg. via Office of Industrial Relations website.

Yes No N/A

Does the form indicate that the worker belongs to one of the following categories of employment:

Yes No

Sole trader, Partnership, Student or Volunteer.

If 'yes' as a general rule, the worker is not covered by Workers Compensation Insurance.

Record calculation in determining current weekly wage rate and /or comments regarding employment status of 'worker'

Validation of system data (completed by Case Manager)

Current weekly wage rate Average weekly earnings

Total number of hours worked Permanent/Casual Employment

/ /

Case Manager name

Signature

Date