



## EMPLOYER CLAIM FOR WAGES REIMBURSEMENT

Employee's Name	Claim Number	Date of Injury

Employer's Name	Employer Contact	Employer Ph. No.	Date Reimb't. Requested

Normal Weekly Earnings (NWE)	NWE rate /hrs	Ordinary Time Rate of Pay /hr	Ordinary Time Rate of Pay /wk
\$	\$	\$	\$

**Step Down** (if applicable)

<p><b>Injury date <u>on/after</u> 01 July 01</b></p> <p>Incapacity up to 13 wks    <input type="checkbox"/> 100%</p> <p>Incapacity &gt;13 wks        <input type="checkbox"/> 85%</p> <p>Incapacity &gt;78 wks        <input type="checkbox"/> 80%</p>	<p><b>Injury date <u>prior</u> to 01 July 01</b></p> <p>Incapacity up to 6 wks    <input type="checkbox"/> 100%</p> <p>Incapacity &gt;6 wks        <input type="checkbox"/> 95%</p> <p>Incapacity &gt;25 wks       <input type="checkbox"/> 90%</p>
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### REIMBURSEMENT DETAILS

**Total Incapacity**

Period being claimed    /    /    to    /    /    Total work hours in claim period \_\_\_\_\_

Workers Comp. Hourly Rate    \$ \_\_\_\_\_ x Total work hours in claim period \_\_\_\_\_ = \$ \_\_\_\_\_

If applicable    **Less Excess Wages** (1 Weeks Comp. Rate ) -\$ \_\_\_\_\_ = \$ \_\_\_\_\_

If applicable apply Step Down    Amount \$ \_\_\_\_\_ x \_\_\_\_\_ %Step Down = \$ \_\_\_\_\_

**Partial Incapacity (modified duties)**

Period of Mod. Duties    /    /    to    /    /    Maximum Workers Comp. payable    \$ \_\_\_\_\_ (A)

During this period the worker performed modified duties at the pay rate of

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours = \$ \_\_\_\_\_

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Total amount paid to worker for work performed    \$ \_\_\_\_\_ (B)

**Subtract (B) from (A)** = \$ \_\_\_\_\_ (C)\*

\*Subtract outstanding Excess Wages if applicable    \$ \_\_\_\_\_

If applicable apply Step Down:    Amt (C) \$ \_\_\_\_\_ x \_\_\_\_\_ % Step Down = \$ \_\_\_\_\_

**Office use only**

Excess Pay't    Yes    No

Excess Amt: \$ \_\_\_\_\_

Period (W/D/H) \_\_\_\_\_

Excess fulfilled    Yes    No

**Reimbursement to Employer**

Amt: Paid \$ \_\_\_\_\_

Period (W/D/H) \_\_\_\_\_

Authorised: \_\_\_\_\_

Paid by \_\_\_\_\_

Draft No. \_\_\_\_\_

Date: \_\_\_\_\_