Department of Administration Workers' Compensation Program

26 WEEK WAGE INFORMATION

Employee:							Agency						SSN:				
Date of Injury: Date of Agency H											Current hourly rate: as of						
Form Completed By:							Date: L 2				List previous hourly rates during the preceding 26 weeksas ofas of						
PN EU RM IB OE DR	DATES (Inclusive) For Each Period (1) From To DD/MM DD/MM/YY		W E E K S (2)	D P Amo A A Exclusion Y I Work I S D Pays a		SE PAY ount Paid iding Extra Differential and Other (4)		EXTRA PAY Amount Paid (5)			FFERENTIAL Amount Paid	FERENTIAL PAY Amount Paid (6)		OTHER PAY (Specify Type) (7)		TOTAL Amount Paid Employee for Each Week (8)	
0	DD/MM		(2)	(5)				(0)			(0)		(7)		(3)		
1			1														
2			1														
3			1														
4			1														
5			1														
6			1														
7			1														
8			1														
9			1														
10			1														
11			1														
12			1														
13			1														
14			1														
15			1														
16			1														
17			1														
18			1														
19			1														
20			1														
21			1														
22			1														
23			1														
24			1														
25			1														
26																	

The information requested on this form and the working definitions are for the purpose of calculating workers' compensation benefits <u>only</u> and do not necessarily apply to other purposes.

WHEN TO COMPLETE THIS FORM

Complete this form when earnings are irregular, difficult to determine, or consist of overtime, differential or other special pay in at least one-half of the work weeks in the 26 weeks preceding the date of injury. If the employee's work status has changed during the 26-week period (e.g., full-time to part-time, part-time to full-time, promotion, demotion or is a new hire) provide wages only since the date of the most recent work status change and note the type of change.

HOW TO COMPLETE THIS FORM

- (1) Dates: List each pay week separately. Include 26 full weeks prior to date of injury. Use the standard payroll week used in your agency (usually Wednesday-Tuesday). Even though state payroll period is two weeks, state statutes require payments to be itemized weekly for the 26-week period preceding the injury.
- (2) Weeks: If the period between the end of the last pay period and the date of injury includes a fractional week, indicate the appropriate fraction under column "weeks" (period "0"). Also, include the appropriate fractional week in this column for Period "26" so that the total of period "0" and Period "26" is one full week.
- (3) Days Paid: Number of days in the period in which the employee had earnings. Any pay in a day constitutes one day paid.
- (4) Base Pay: Include all earning types listed below under "Base Pay" (see "Categories of Pay").
- (5) Extra Pay: Earned by performing work beyond the normal work schedule of the job. The earning types to be included in extra pay are listed below (see "Categories of Pay").
- (6) **Differential Pay**: Earned at additional tasks or during certain assigned shifts while earning some form of base pay. The earning types to be included in differential pay are listed below (see "Categories of Pay").
- (7) Other Pay: Typically paid in a lump sum annually. The earnings will usually be prorated on an <u>annual</u> basis. The earning types for this category are listed below (see "Categories of Pay"). Please note on this form the date and amount of any payment in the 52 weeks preceding the date of injury.
- (8) **Total**: Sum of base pay, extra pay, differential and other pay.

ADDITIONAL INFORMATION

If there are weeks where the employee was exclusively on an unpaid leave (i.e., did not work and received no pay), note the appropriate dates and put "0" in the columns for weeks, days and earnings.

Compensatory time is only included when it is used, not when it is earned.

Base Pay

Space limitations do not allow instructions for all possible situations. If the instructions do not seem to address a particular situation, please discuss it with a claims specialist at Admin.

CATEGORIES OF PAY

Other Pay

Earn. Earn. Earn. Description Type* Description Type* Type* Description CP2 CCP Comp. Time Payoff at 1.0 ACH DNR Cost Coding Achievement Award CT1 Comp. Time Taken at 1.0 Commissioner's Plan Corrections-Shift CLS Floating Holiday for FY 1 FL1 HON CSD Correctional Supv-Lump Sum Honoraria Floating Holiday for FY 2 Holiday Pay at 2.0 Holiday Pay at 2.5 FL2 H10 Heavy Equipment Pay (a) 1.05 HL1 **Extra Pav** H11 Heavy Equipment Pay @ 1.10 HL2 Heavy Equipment Pay @ 1.30 H13 HL3 Holiday Pay at 1.0 CB1 Call Back @ 1.0 H14 Heavy Equipment Pay (a) 1.35 Holiday Pay at 1.5 HL4 CBE Competency Based Education Heavy Equipment Pay (a) 1.15 H15 HL5 Holiday Pay at 1.0 Âssessment H16 Heavy Equipment Pay (a) 1.40 Holiday Pay HOL CBR Call Back @ 1.5 H35 Heavy Equipment Pay @ .35 Holiday Payoff HPO DNR Cost Code Corrections-H40 Heavy Equipment Pay (a) .40 CCH IOD Injured on Duty Pay Overtime @ 1.5 H45 Heavy Equipment Pay @ .45 Heavy Equipment Pay @ .75 CCS DNR Cost Code Corrections-H76 JDY Jury Duty MIL Military Leave Overtime @ 1.0 H80 Heavy Equipment Pay (a) .80 Regular Pay CST Community Service Teacher H85 Heavy Equipment Pay @ .85 REG RG1 Regular Pay ECA Extracurricular Activity H95 Heavy Equipment Pay @ .95 Regular Pay (Work 9 Months NOT Non-Overload Teaching HDF Holiday Differential RG2 Paid Over 12 Months) OC1 On Call at 16.7% HE5 Heavy Equipment Pay @ 1.15 RGP Regular Pay-Lump Sum OC2 On Call at 25% HE8 Heavy Equipment Pay (a) 1.225 Sabbatical Pay ÕČŠ SAF On Call Supervisor-Lump Sum Intermittent Assignment @ .40 IA4 Substitute Pay-Lump Sum Intermittent Foreman @ 1.00 SBL OT1 Overtime (a) 1.0 IF1 Intermittent Foreman (a) 1.05 SIK Sick Leave Pay OTR Overtime (a) 1.5 IO5 Summer Session Pay-Lump Sum OVL Overload Pay I10 Intermittent Foreman (a) 1.10 SML SUM Summer Session Pay STB Standby Pay-Firefighters I25 Delivery Van Driver (a).25 175 Bridge Foreman Pay @ .75 TNG Training VAC Vacation Leave Pay 180 Bridge Foreman Pay (a) .80 Bridge Foreman Pay @ .85 185

Officer of the Day-Lump Sum Shift Differential @ .35 Shift Differential @ .37

Shift Differential (a) .40

Shift Differential (a).42

Shift Differential @ .60

OD1

S35 S37 S40

S42

S60

Differential Pay