Department of Administration
Workers' Compensation Program

26 WEEK WAGE INFORMATION

Employee:	Agency	SSN:

Date of Injury:	Date of Agency Hire:	Current hourly rate: _____ as of _____.

Form Completed By:	Date:	List previous hourly rates during the preceding 26 weeks _____ as of _____. _____ as of _____.

PERIOD NUMBER	DATES (Inclusive) For Each Period (1)		WEEKS (2)	DAYS PAID (3)	BASE PAY Amount Paid Excluding Extra Work Differential Pay and Other (4)		EXTRA PAY Amount Paid (5)		DIFFERENTIAL PAY Amount Paid (6)		OTHER PAY (Specify Type) (7)		TOTAL Amount Paid Employee for Each Week (8)	
	From DD/MM	To DD/MM/YY												
0														
1			1											
2			1											
3			1											
4			1											
5			1											
6			1											
7			1											
8			1											
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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.

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WHEN TO COMPLETE THIS FORM

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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.

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HOW TO COMPLETE THIS FORM

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(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 annual 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.

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ADDITIONAL INFORMATION

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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.

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.

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CATEGORIES OF PAY

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Base Pay			**Other Pay**			**Differential Pay**	
Earn. Type*	Description		Earn. Type*	Description		Earn. Type*	Description
CP2	Comp. Time Payoff at 1.0		ACH	Achievement Award		CCP	DNR Cost Coding Corrections-Shift
CT1	Comp. Time Taken at 1.0		CLS	Commissioner's Plan		CSD	Correctional Supv-Lump Sum
FL1	Floating Holiday for FY 1		HON	Honoraria		H10	Heavy Equipment Pay @ 1.05
FL2	Floating Holiday for FY 2					H11	Heavy Equipment Pay @ 1.10
HL1	Holiday Pay at 2.0			**Extra Pay**		H13	Heavy Equipment Pay @ 1.30
HL2	Holiday Pay at 2.5					H14	Heavy Equipment Pay @ 1.35
HL3	Holiday Pay at 1.0		CB1	Call Back @ 1.0		H15	Heavy Equipment Pay @ 1.15
HL4	Holiday Pay at 1.5		CBE	Competency Based Education Assessment		H16	Heavy Equipment Pay @ 1.40
HL5	Holiday Pay at 1.0		CBR	Call Back @ 1.5		H35	Heavy Equipment Pay @ .35
HOL	Holiday Pay		CCH	DNR Cost Code Corrections- Overtime @ 1.5		H40	Heavy Equipment Pay @ .40
HPO	Holiday Payoff		CCS	DNR Cost Code Corrections- Overtime @ 1.0		H45	Heavy Equipment Pay @ .45
IOD	Injured on Duty Pay					H76	Heavy Equipment Pay @ .75
JDY	Jury Duty		CST	Community Service Teacher		H80	Heavy Equipment Pay @ .80
MIL	Military Leave		ECA	Extracurricular Activity		H85	Heavy Equipment Pay @ .85
REG	Regular Pay		NOT	Non-Overload Teaching		H95	Heavy Equipment Pay @ .95
RG1	Regular Pay		OC1	On Call at 16.7%		HDF	Holiday Differential
RG2	Regular Pay (Work 9 Months Paid Over 12 Months)		OC2	On Call at 25%		HE5	Heavy Equipment Pay @ 1.15
RGP	Regular Pay-Lump Sum		OCS	On Call Supervisor-Lump Sum		HE8	Heavy Equipment Pay @ 1.225
SAF	Sabbatical Pay		OT1	Overtime @ 1.0		IA4	Intermittent Assignment @ .40
SBL	Substitute Pay-Lump Sum		OTR	Overtime @ 1.5		IF1	Intermittent Foreman @ 1.00
SIK	Sick Leave Pay		OVL	Overload Pay		IO5	Intermittent Foreman @ 1.05
SML	Summer Session Pay-Lump Sum		STB	Standby Pay-Firefighters		I10	Intermittent Foreman @ 1.10
SUM	Summer Session Pay					I25	Delivery Van Driver @ .25
TNG	Training					I75	Bridge Foreman Pay @ .75
VAC	Vacation Leave Pay					I80	Bridge Foreman Pay @ .80
						I85	Bridge Foreman Pay @ .85
						OD1	Officer of the Day-Lump Sum
						S35	Shift Differential @ .35
						S37	Shift Differential @ .37
						S40	Shift Differential @ .40
						S42	Shift Differential @ .42
						S60	Shift Differential @ .60

* Earning Types Effective 09/91.