



**Instructions for the employer**

Please note that if you report income to BWC to set wages but have not reported the income to the Internal Revenue Service (IRS) as wages, BWC may notify the IRS of the discrepancy.

You must complete the **Seven-day worksheet section** below. Then either complete and sign the **Earnings statement worksheet** (page two of this form), or submit a payroll report that includes the required information as described below.

- Report earnings for the employee beginning with the full-pay-period that ended prior to the date of injury or date of disability in an occupational disease claim using the actual end date of the pay period (not the issue date of payment). Do not report wages earned on or after the date of injury or date of disability in an occupational disease claim.
- BWC includes the information below in the calculation of wages. Include the following information in your report or worksheet:
  - All **gross** earnings prior to any deductions such as for taxes, insurance, deferred compensation, garnishment or employee contributions to retirement programs.
  - Paid holidays, vacation, personal or sick leave (this is payment for time off work, not cash out of unused leave).
  - Bonuses and commissions (you must indicate the **period of time** over which the bonus or commission was earned).
  - Allowance for meals, lodging, uniforms, tips, etc., paid in addition to wages, (report as other earnings with a description of the earnings).
- Reimbursements made to the injured worker for meals, lodging, uniforms, travel, etc. (BWC does not consider these as earnings and so it does not include them in the calculation of wages.) DO not include them in your report or worksheet.
- If you attach a payroll report that includes earnings that BWC does not consider gross earnings as defined above, please note on the payroll report or on a separate attached document.
- Report any periods the injured worker did not work. If payment was made during those periods, report the amount and description of payment the injured worker received.

**Seven-day worksheet**

**You must provide this information even if you are providing weekly earnings on a payroll report. Provide the information based on pay period begin and end dates, not payment dates.**

Injured worker name	Claim number
Date of injury	Date of hire
Employer name	Employer phone number
Employer address	Employer email address

**If employed less than one full-pay period prior to the date of injury, provide the information below.**

Number of hours scheduled the week of the injury: \_\_\_\_\_ Hourly rate: \_\_\_\_\_

**If employed one full-pay period or longer prior to the date of injury or date of disability in an occupational disease claim, provide the information below** using the actual end date of the pay period (not the date the payment was issued).

What was the BEGINNING date of the last pay period prior to the date of injury/disability? (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

What was the END date of the last pay period prior to the date of injury/disability? (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment is (check one):  Weekly  Biweekly  Bimonthly  Monthly  Other \_\_\_\_\_ (please explain)

- If the pay period **was weekly**, what was the amount of overtime earned? \$ \_\_\_\_\_
- If this pay period **was not weekly**, during the last seven calendar days of the pay period listed above, please provide the following:

Regular earnings the last seven calendar days of that pay period: \$ \_\_\_\_\_

Overtime earnings the last seven calendar days of that pay period: \$ \_\_\_\_\_

**Signature Section**

I certify the information provided is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by the BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

I am requesting BWC calculate or recalculate the full and/or average weekly wage in this claim and adjust previously paid compensation pursuant to RC 4123.52.

Name of the person completing this form (printed)	Date
Signature	Title

**Fax the completed form to 1-866-336-8352, or send it to the BWC customer service office where the claim is assigned.**

## Earnings statement worksheet

Injured worker name	Claim number
Date of injury	Date of hire
Employer name	Employer phone number
Employer address	Employer email address

**Please see the instructions for the employer for additional information before completing the worksheet.**

**Pay period end date:** The actual end date of the pay period, not the date the payment was issued. For example, the check was issued on Jan. 25, 2014, for the pay period Jan. 12, 2014, to Jan. 18, 2014. In this example, the pay period end date is Jan. 18, 2014. In addition, to determine the 52 weeks needed for this report, start with the end date of the last pay period prior to the date of injury then count back 52 weeks. For example, the date of injury is Jan. 2, 2014. The last pay period end date prior to the date of injury is Dec. 21, 2013. The injured worker was paid weekly. Therefore, the 52 weeks needed for the worksheet are the pay periods with end dates from Dec. 29, 2012, to Dec. 21, 2013. This range may vary depending on the frequency of payment.

**Gross regular earnings:** This is the hourly rate multiplied by the hours worked, or the regular salary.

**Other earnings:** Earnings NOT included in the gross regular earnings such as bonuses or allowances. You must include an explanation of the other earnings in the Description of exceptions and earnings column.

**Description of exceptions and earnings:** You may also provide other information for BWC to consider in the calculation of earnings such as periods the injured worker was laid off, on disability, etc.

Payment is (check one):  Weekly  Biweekly  Bimonthly  Monthly  Other \_\_\_\_\_ (please explain)

	Pay period end date	Gross regular earnings	Other earnings	Description of exceptions and earnings
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Injured worker name				Claim number
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	Pay period end date	Gross regular earnings	Other earnings	Description of exceptions and earnings
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Comments or other information

I certify the information provided is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by the BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

I am requesting BWC calculate or recalculate the full and/or average weekly wage in this claim and adjust previously paid compensation pursuant to RC 4123.52.

Name of the person completing this form (printed)	Date
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Signature X	Title
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**Fax the completed form to 1-866-336-8352, or send it to the BWC customer service office where the claim is assigned.**