Department of Labor and Training, Division of Workers' Compensation PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8006

DWC No.
Insurer File No.

1. EMPLOYEE INFORMATION:

SSN
Name
Hired for
Are these supplemental wages? hours each week

If yes, supplemental employer name:
Maximum no. of exemptions


## 2. CLAIM INFORMATION:

Employer Insurance Co. Claim Administrator
Injury date
$\qquad$
$\qquad$ Incapacity date $\qquad$ $\square$ Single $\quad \square$ Married Hire date

## 3. EMPLOYED LESS THAN 2 WEEKS:

## If Yes:

1. List agreed upon hourly wage
2. Number of hrs. per week for full-time employees
3. Multiply \#1 by \#2 for average weekly wage

OR:

Give average weekly for same or similar employment:

## 4. EMPLOYED MORE THAN 2 WEEKS:

On the left side of the form, list gross wages prior to employee's first full day out of work. DO NOT include their week of hire or week of injury unless a full week was paid. DO NOT SKIP WEEKS. Please calculate any overtime and/or bonus paid SEPARATELY on the right side of the form below.

| LIST 13 CONSECUTIVE WEEKS: |  |  |  |
| :---: | :---: | :---: | :---: |
| Week Number | Week Ending Date | No. of standard hrs. worked | Gross Wages (No Overtime) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| Total number usable weeks: |  | Total earnings: |  |

Number of weeks employed (up to 52)
Total BONUS amount paid in past 52 weeks

Divide Block 2 by Block 1 for average bonus

Total OVERTIME amount paid in past 52 weeks Divide Block 4 by Block 1 for average overtime

CALCULATION OF AVERAGE WEEKLY WAGE (AWW):

1. Total earnings from 13 weeks
2. Total number usable weeks
3. Divide total earnings by number of usable weeks
4. Average bonus (Block 3 in BONUS AND OT)
5. Add 3 and 4 for AWW excluding Overtime
6. Average overtime (Block 5 in BONUS AND OT)
7. Add 5 and 6 for Total Average Weekly Wage
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Print Adjuster Name:
Date:
