State of Rhode Island PART-TIME WAGE STA	•		• /	PRIOR REPORT
Department of Labor and Training, Division of Workers' Compensation PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (40				
PO Box 20190, Clansion, Rt 02920	7-0942 PHONE (401)	1402-0100 100 (4	Insurer File No.	
1. EMPLOYEE INFORMATION:			2. CLAIM INFORMATION:	
SSN			Employer	
Name			Insurance Co.	
Hired for hours each week (Approximate)			Claim Administrato <u>r</u>	
Are these supplemental wages? Yes No			Injury date	
If yes, name of supplemental employer			Incapacity date	
Maximum no. of exemptions		Married	Hire date	
If Yes:	3. EMPL	OYED LES	SS THAN 2 WEEKS:	
List agreed upon hourly wage				
Number of hrs. per week for part-time employees		Give average weekly for same or similar employment:		
3. Multiply #1 by #2 for average we				
	4. EMPL	OYED MO	RE THAN 2 WEEKS:	
			out of work. DO NOT include their week of hire or week ne and/or bonus paid SEPARATELY on the right side of	
LIST 26 CONSECUTIVE WEEKS:			BONUS AND OVERTIME CALCUL	ATION:
Week Number Week Ending Date	No. of standard hrs. worked	Gross Wages (No Overtime)	Number of weeks employed (up to 52)	Block 1
1 2			Total BONUS amount paid in past 52 weeks	Block 2
3			1	Block 3
4			Divide Block 2 by Block 1 for average bonus	
5			_	
6			-	Block 4
7 8			Total OVERTIME amount paid in past 52 weeks	BIOCK 4
9			Total Overville dillount paid in past of wooks	Block 5
10			Divide Block 4 by Block 1 for average overtime	
11				
12				
14			CALCULATION OF AVERAGE WEEKLY \	NAGE (AWW):
15				
16			Total earnings from 26 weeks	
17 18			2. Total number usable weeks	
19		<u> </u>	2. Total number usable weeks	
20			3. Divide total earnings by number of usable weeks	
21				
22			4. Average bonus (Block 3 in BONUS AND OT)	
23 24			5. Add 3 and 4 for AWW excluding Overtime	\$
25				:
26			6. Average overtime (Block 5 in BONUS AND OT)	
Total number usable weeks:			7. Add 5 and 6 for Total Average Weekly Wage	\$
Print Preparer Name: Date:			Print Adjuster Name:	Date: