

## WAGE REIMBURSEMENT REQUEST FORM – FIRST 26 WEEKS OF INCAPACITY

| Claim Number: | Date of Injury: |  |
|---------------|-----------------|--|
| Worker Name:  | Employer:       |  |

| Date<br>From | Date<br>To | APIWE | Average<br>Pre-Injury<br>Hours<br>Worked<br>Per<br>Week | Partial Incapacity<br>– Hours<br>(Working Reduced<br>Hours, Number of<br>Hours being<br>Worked) | Partial Incapacity<br>– Total Payable<br>(Total Payable for<br>Actual Hours<br>Worked) | Partial Incapacity<br>Claim<br>(Difference<br>Between APIWE<br>and Current<br>Amount Payable<br>for Hours Worked | Total Incapacity<br>Claim<br>(APIWE) |
|--------------|------------|-------|---|---|--|--|--------------------------------------|
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\*Entitlement is APIWE – Average pre-injury weekly earnings (includes overtime where overtime worked was regular and as part of an established pattern.

| Employer Representative Signature: | Employer Representative Position: | Date: |
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### PLEASE ENSURE A CERTIFICATE OF CAPACITY COVERING THE PERIOD BEING CLAIMED HAS BEEN SUBMITTED PREVIOUSLY OR IS SUBMITTED WITH THIS REIMBURSEMENT CLAIM

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### WAGE REIMBURSEMENT REQUEST FORM – AFTER 26 WEEKS OF INCAPACITY

| Claim Number: | Date of Injury: |  |
|---------------|-----------------|--|
| Worker Name:  | Employer:       |  |

| Date<br>From | Date<br>To | APIWE | Average<br>Pre-Injury<br>Hours<br>Worked<br>Per<br>Week | Partial<br>Incapacity –<br>Hours<br>(Working<br>Reduced Hours,<br>Number of<br>Hours being<br>Worked) | Partial<br>Incapacity –<br>Entitlement<br>(% of APIWE to<br>a Maximum of<br>Stat Ceiling)<br>Refer to Table<br>Attached | Partial<br>Incapacity<br>(Total Payable<br>for Actual Hours<br>Worked) | Partial<br>Incapacity Claim<br>(Difference<br>between<br>Entitlement and<br>Current Amount<br>Payable for<br>Hours Worked) | Total Incapacity<br>Claim<br>(65% of APIWE,<br>or the Statutory<br>Floor, whichever<br>is greater) |
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| Employer Representative Signature: | Employer Representative Position: | Date: |
|------------------------------------|-----------------------------------|-------|
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#### PLEASE ENSURE A CERTIFICATE OF CAPACITY COVERING THE PERIOD BEING CLAIMED HAS BEEN SUBMITTED PREVIOUSLY OR IS SUBMITTED WITH THIS REIMBURSEMENT CLAIM

# PERCENTAGES

The relevant percentage is:

- a) if the worker is not working, or works 25% of the worker's average pre-incapacity weekly hours or less, entitlement is 65%
- b) if the worker is working more than 25% of average pre-incapacity weekly hours but not more than 50%, entitlement is 75%
- c) if the worker is working more than 50% of average pre-incapacity weekly hours but not more than 75%, entitlement is 85%
- d) if the worker is working more than 75% of average pre-incapacity weekly hours but not more than 85%, entitlement is 95%
- e) if the worker is working more than 85% of the worker's pre-incapacity hours, entitlement is 100%

Note: Statutory Floor is the national minimum wage set by a national minimum wage order in an annual wage review by Fair Work Australia under the Fair Work Act 2009 (Cth)