

DEPARTMENT OF FINANCIAL SERVICES

Completing a 13-Week Wage Statement

The Division of Risk Management
Bureau of Risk Financing and Loss Prevention

CFO JIMMY PATRONIS

Average Weekly Wage

s.440.14, F.S., Rule 69L-3.30046, F.A.C.

Average Weekly Wage (AWW)

- The amount of money the injured worker (IW) earns each week
- It is the basis for all monetary benefits being paid to the injured worker for lost wages
- It is an important factor in calculating the value of the workers' compensation claim

Wage Statement – DWC1a

Wage Statement

- The employer reports all required wage information for the injured worker and submits the completed form within 7 days to the Division of Risk Management adjuster.
- The wage statement is to be completed for 13 weeks of prior wages starting with the week before the injury and counting backwards. The form should be completed as soon as someone has exhausted their disability leave and is taken out of work; given restrictions that are unable to be accommodated; or if the injured worker has been assigned a permanent impairment rating.

AWW (continued)

- If 13 weeks of the injured worker's wages are not available, then at least 75% of the form must be completed for the wage statement to be valid. Reporting 10 weeks is acceptable in this case.

WAGE STATEMENT
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

RECEIVED BY CLAIMS-HANDLING ENTITY

NOTICE TO EMPLOYEE: If you have any questions about the information contained on this form, please contact your employer or claim-handling entity. If further assistance is needed, contact the Division's Employee Assistance Office at 1-800-342-1741.

PLEASE PRINT OR TYPE

EMPLOYEE NAME (First, Middle, Last) _____ DATE OF ACCIDENT (Month-Day-Year) _____

EMPLOYER NAME & ADDRESS _____ CONCURRENT EMPLOYER NAME & ADDRESS (if applicable) _____ ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE? _____ YES _____ NO

TELEPHONE _____ TELEPHONE _____ OCCUPATION OF SIMILAR EMPLOYEE _____

EMPLOYEE'S CUSTOMARY WORK WEEK _____ EMPLOYEE'S CUSTOMARY DAYS WORKED/WEEK _____ EMPLOYEE'S CUSTOMARY HOURS WORKED/WEEK _____ EMPLOYEE'S CUSTOMARY WORK WEEK _____
(in Saturday thru Friday - Use 7 calendar day period) (in 8 days/week) (in 40 hours/week) (in Saturday thru Friday - Use 7 calendar day period)

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Please list wages earned for the 13 calendar weeks (Sunday through Saturday) immediately preceding the accident. Do Not Report Any Wages Earned During The Week of the Accident - Use The 13 Calendar Weeks Immediately Preceding The Accident.

WEEK NO.	WEEK		# OF DAYS WORKED THAT WEEK	# HOURS WORKED THAT WEEK	GROSS PAY	GRATUITIES AS REPORTED TO THE EMPLOYER IN WRITTEN AS TAXABLE INCOME	FRINGE BENEFITS (EMPLOYER'S SHARE)	
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RETURN THIS FORM TO: (Claims-handling entity Name, Address & Telephone #) _____

TOTAL _____

WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS? _____ YES _____ NO _____ YES _____ NO

TOTAL FRINGE BENEFITS \$ _____

TOTAL OF GROSS PAY, GRATUITIES AND FRINGES \$ _____

(FOR CLAIMS-HANDLING ENTITY USE ONLY) AWW _____ COMP RATE _____

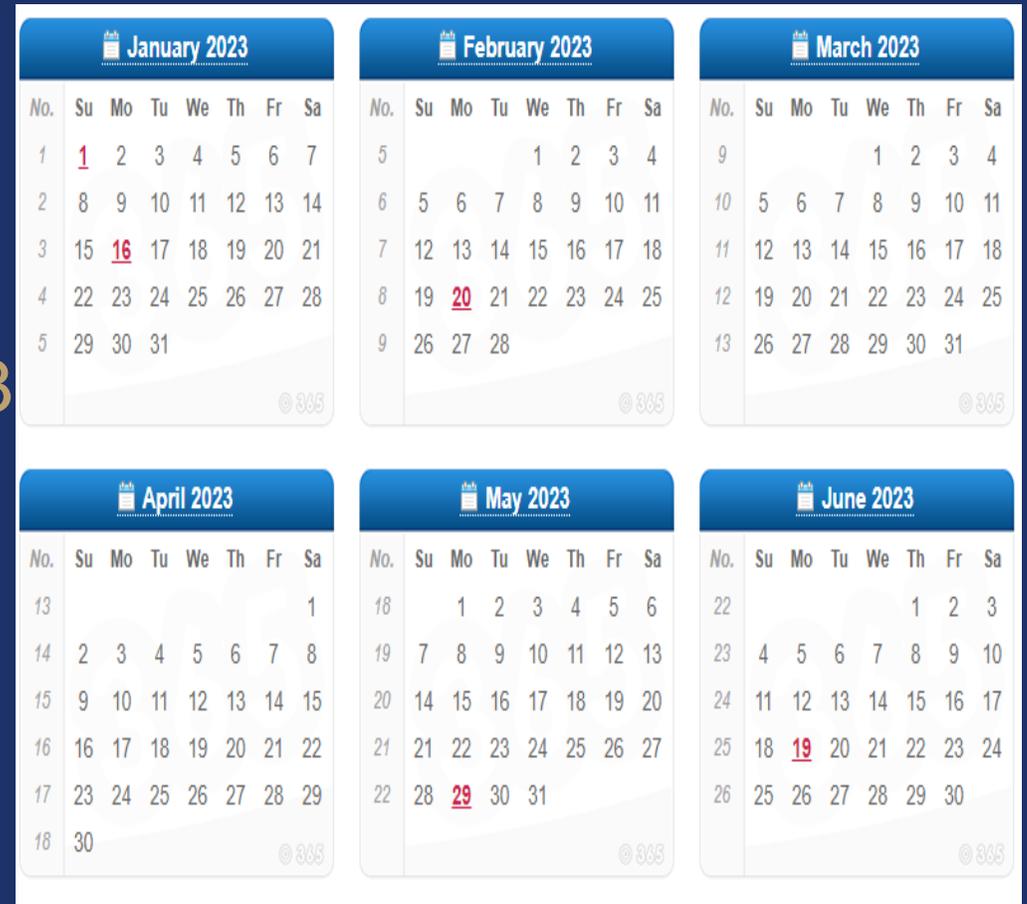
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PREPARER'S NAME _____ TELEPHONE # _____ DATE _____

Form DFS-42-DWC-1a (03/2008) Rule 65L-3.005, F.A.C.

Lost Time Claim Example #1

- Date of Injury: May 8, 2023
- Date of Employment: June 1, 2020
- Disability Exhausted: May 15, 2023
- Initial 40 hours Disability Leave:
- May 9, 2023 to May 15, 2023



- Date of injury May 8, 2023.
- Indemnity benefits for Lost Wages would begin on May 16, 2023.
- Initial one week indemnity benefit 5/16/23 to 5/22/23.
- Biweekly benefits starting 5/23/23 to 6/5/2023 and forward.

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	FROM	TO					HEALTH INSURANCE	RENT/ HOUSING
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TOTAL FRINGE BENEFITS \$ _____

TOTAL OF GROSS PAY, GRATUITIES AND FRINGES \$ _____

(FOR CLAIMS-HANDLING ENTITY USE ONLY) AWW _____ COMP RATE _____

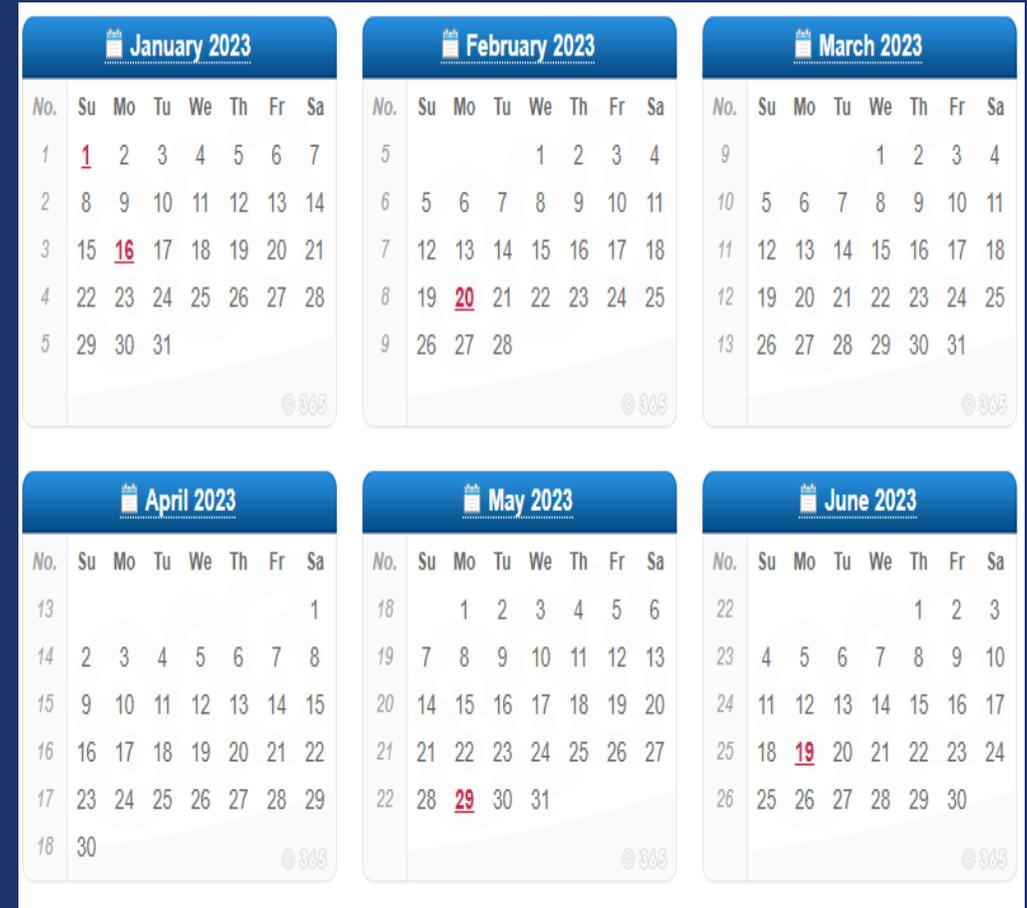
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Form DFS-42-DWC-1a (03/2008) Rule 68L-3.005, F.A.C.

Lost Time Claim Example #1

- DWC1a Instructions – A calendar week starts on Sunday and ends on Saturday per the DW1a instructions.
- With the date of injury on May 8, 2023; the 13th benefit (the week prior to the accident) would be April 30, 2023 to May 6, 2023. Place these dates in box 13 of the Wage Statement and work backwards week by week until all 13 weeks are completed.



- Complete the number of hours worked each week
- Complete the number of days worked each week
- Calculate the gross pay for each week

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SIMILAR EMPLOYEE'S NAME _____

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TOTAL FRINGE BENEFITS \$ _____

TOTAL OF GROSS PAY, GRATUITIES AND FRINGES \$ _____

(FOR CLAIMS-HANDLING ENTITY USE ONLY) AWW _____ COMP RATE _____

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PREPARER'S NAME _____ TELEPHONE # _____ DATE _____

Form DFS-42-DWC-1a (03/2008) Rule 68L-3.005, F.A.C.

- Complete column for “Gratuities” or “Fringe Benefits” other taxable income not included in gross pay. Examples: shift differential, on call pay, CJIP, uniforms etc.
- Complete the employer contribution for Health Insurance and Rent/Housing if applicable.

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TELEPHONE	TELEPHONE	SIMILAR EMPLOYEE'S NAME	
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PREPARER'S NAME TELEPHONE # DATE

Form DFS-42-DWC-1a (03/2008) Rule 65L-3.025, F.A.C.

For our example the employee grossed \$1,000 per week, There were not any “Gratuities or Fringe Benefits” so, our Average Weekly Wage (AWW) is \$1,000 and $\$1,000 \times .6667 = \666.70 is the weekly Comp Rate (CR) and the amount of the injured workers’ weekly benefit. The IW will be paid \$666.70 per week or \$1,333.40 biweekly.

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Form DFS-42-DWC-1a (03/2006) Rule 65L-3.005, F.A.C.

If the IW would like to use their sick and or annual leave to keep them at 100% of their gross weekly wages:

$\$1,000/40 = \25.00 per hour

$\$1,000.00$ AWW

$-\$666.70$ CR

$=\$333.30$

$\$333.30/\$25 = 13.33$ hours needed to keep IW at 100%.

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Form DFS-42-DWC-1a (03/2008) Rule 68L-3.005, F.A.C.

Lost Time Claim Example #2

- Date of Injury: May 8, 2023
- Date of Employment: March 20, 2023
- Disability Exhausted: May 15, 2023
- Initial 40 hours Disability Leave:
- May 9, 2023 to May 15, 2023
- Indemnity benefits would begin on May 16, 2023.

January 2023								February 2023								March 2023							
No.	Su	Mo	Tu	We	Th	Fr	Sa	No.	Su	Mo	Tu	We	Th	Fr	Sa	No.	Su	Mo	Tu	We	Th	Fr	Sa
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2	8	9	10	11	12	13	14	6	5	6	7	8	9	10	11	10	5	6	7	8	9	10	11
3	15	16	17	18	19	20	21	7	12	13	14	15	16	17	18	11	12	13	14	15	16	17	18
4	22	23	24	25	26	27	28	8	19	20	21	22	23	24	25	12	19	20	21	22	23	24	25
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April 2023								May 2023								June 2023							
No.	Su	Mo	Tu	We	Th	Fr	Sa	No.	Su	Mo	Tu	We	Th	Fr	Sa	No.	Su	Mo	Tu	We	Th	Fr	Sa
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Lost Time Claim Example #2

- Employee has not had 13 weeks of employment so you will need to use a similar employee or contract.
- If there are not at least 10 weeks of full employment or a similar employee, the contract letter of hire may be used. John Doe you have been offered the job of Bureau Chief for \$65,000.00 annually = 1,250 weekly ($\$65,000/52$ weeks).

January 2023								February 2023								March 2023							
No.	Su	Mo	Tu	We	Th	Fr	Sa	No.	Su	Mo	Tu	We	Th	Fr	Sa	No.	Su	Mo	Tu	We	Th	Fr	Sa
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3	15	16	17	18	19	20	21	7	12	13	14	15	16	17	18	11	12	13	14	15	16	17	18
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17	23	24	25	26	27	28	29	22	28	29	30	31				26	25	26	27	28	29	30	
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**ANY
QUESTIONS**



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