



WORKSAFE VICTORIA

CALCULATING PRE-INJURY AVERAGE WEEKLY EARNINGS – FORM FOR EMPLOYERS

Oct 2010

This form has been developed to assist employers to provide relevant information required by an Agent to calculate pre-injury average weekly earnings when a claim for weekly payments is made.

Providing the information on this form will ensure weekly payments are calculated by your Agent at the correct rate. When filling out this form, please also provide payroll records, payslips or other documents which will assist in the accurate calculation of the worker's earnings. If your worker is employed pursuant to an industrial award please provide a copy if available. Please send the completed form to your Agent.

For more information on the calculation of pre-injury average weekly earnings, please refer to the factsheet, *More information about Pre-Injury Average Weekly Earnings*, on the WorkSafe Victoria website worksafe.vic.gov.au.

1. Employment Details

Employer Company Name

WorkSafe Employer Number (WEN)

Employer Company Address*

Employer Contact Name & Contact Details*

* You do not need to complete these sections if you are sending this form to the Agent attached to the Worker's Injury Claim Form.

WorkSafe Claim Number (if known)

Worker Name

Worker Date of Birth

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Employment Type (Full time, part time, casual etc)

How long has the worker been employed with the employer?

If less than 52 weeks before the worker was injured, please specify number of weeks.

In the 52 weeks before the worker was injured, did the worker take leave?

If yes, please indicate length and type of leave

Yes No

Paid annual leave – Number of weeks

Paid other leave – Number of weeks

Unpaid leave – Number of weeks

In the 52 weeks before the worker was injured, did the worker receive an increase or decrease in their earnings from promotion, demotion, increase or decrease in hours? Yes No

If yes, please indicate the date of this change

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2. Hours and Wages

How many hours does the worker usually work per week? (Exclude any overtime)

What is the worker's usual gross hourly rate? (Exclude any overtime or shift allowances)

What are the worker's usual gross earnings per week? (Exclude any overtime or shift allowances)

Does the worker receive any of the following payments on top of their usual gross hourly rate?

If so, please enter the value of these payments in the 52 weeks before the worker was injured.

Overtime

Shift allowances

Commission

Piece rates / Tally bonuses

Does the worker receive any of the following non-pecuniary benefits as part of their pay? If so, please enter the total value of the non-pecuniary benefits, including the Fringe Benefits Tax value, in the 52 weeks before the worker was injured.

Use of a motor vehicle

Residential accommodation

Payment of health insurance

Payment of education fees

Will the worker be retaining the use of any of these non-pecuniary benefits while they are unable to work?

If so, please list each item.

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Is any part of the worker's pay directed to another party (commonly referred to as a salary sacrifice)? If so, please enter the type of payment and the value of this payment over the last 52 weeks. (eg. salary sacrifice of superannuation)

Type Amount

Will the worker continue to be directing these payments to another party while they are unable to work?

Yes No

3. Collection of Personal Information

Personal information on this form is collected by WorkSafe Victoria (WorkSafe) and its Agents for the purpose of calculating the worker's pre-injury average weekly earnings when a claim for compensation is made under the *Accident Compensation Act 1985*. It is handled and stored in accordance with the *Information Privacy Act 2000* and WorkSafe's Privacy Policy available at worksafe.vic.gov.au.

Please note that if you do not provide the information requested in this form the worker may not receive adequate payments or payments at the correct rate.

WorkSafe or its Agents may collect or disclose personal information about the worker in specific circumstances, including in managing the worker's injury claim, with the worker's consent, if required or authorised by law, to ensure correct payments or contributions are made and to detect or prevent fraud. The worker may access personal information in their injury claim by contacting the relevant agent managing their claim.

4. Declaration

I, , declare that the information contained in this form is, to the best of my knowledge, true and correct. I understand that it is an offence under the *Accident Compensation Act 1985* to provide false or misleading information under the Act.