

Required Reports
(Event Table)

For complete text of provisions, see Wisconsin Administrative Code DWD 80

DUE	REPORT/FORM	CODE REQUIREMENT
1 day	WKC-12, First Report of Injury	DWD 80.02(1) An employer shall within one day after the death of an employee due to a compensable injury, report the death to the department and the employer's insurance carrier.
14 days	WKC-12, First Report of Injury	DWD 80.02(2)(a) A first report of injury... on or before the 14th day after an accident or the beginning of a disability from occupational disease.
30 days	WKC-13, Supplemental Report	DWD 80.02(2)(b) A supplementary report, with information required by form WKC-13 on or before the 30th day following the day on which the injury occurred. (First payment & wage info)
30 days	WKC13A, Wage Info	DWD 80.02(2)(c) The wage information required by form WKC-13A if the wage is less than the maximum wage.
30 days	Part-time employee's restriction statement, if applicable	DWD 80.02(2)(d) A signed statement from the employee to verify that the employee restricts his/her availability on the labor market to part-time employment and is not actively employed elsewhere.
30 days from event	WKC-13, Supplemental Report. (Accompanied by WKC-16, Final Medical, at end of healing when more than 3 weeks of temporary disability, any PPD or surgery as a result of injury).	DWD 80.02(2)(e) A WKC13 report within 30 days after each of the following events, with a copy to the employee <ul style="list-style-type: none"> • Payment type is changed to PPD from TTD or salary continuation in lieu of compensation • TTD benefits or salary continuation in lieu of compensation are reinstated • TPD is paid including information 30 days from event required by form WKC-7359-1-E • Final payment of compensation is made or salary continuation in lieu of compensation ended
At time of event	WKC-13, Supplemental Report	DWD 80.02(2)(f) Due when: Submitting stipulation or compromise at time of hearing
June 30 annually	WKC-140-E	DWD 80.02(2)(k) Report listing date and amount of payment for permanent total disability and supplemental benefits during the previous calendar year

Notice Requirements

For complete text of provisions, see Wisconsin Administrative Code DWD 80

DUE	SEND TO	CODE
7 days	DWD Employee	DWD 80.02(2)(g)1 Written notice of Suspension When payments are stopped for any reason. If any payments are stopped for a reason other than an employee's return to work, the notice shall explain why payments were suspended and shall advise the employee what to do to reinstate payments.
7 days	DWD Employee	DWD 80.02(2)(g)2 Written notice of Denial When a decision is made to deny liability for payment of compensation <u>after a concession of liability is made</u> , giving the reason for the denial and advising the employee of the right to a hearing before the Division.
7 days	DWD	DWD 80.02(2)(g)3 Written notice of Amputation requiring artificial member or appliance.
14 days	DWD Employee	DWD 80.02(2m)1 Written notice of Denial Notice to advise that liability for payment of compensation is being denied, with the specific reason for the denial and advising employee of the right to a hearing.
14 days	DWD Employee	DWD 80.02(2m)2 Written notice of Investigation Notice to advise that claim is not being paid because it is still under investigation. The notice shall specify if additional medical or other information is needed to complete the investigation and shall advise the employee of the right to a hearing.
30 days	DWD	DWD 80.02(2)(i) Final Receipt on Safety Violation If increased compensation is due, a final receipt within 30 days of the final payment to the employee.
13 weeks	DWD	DWD 80.42 Notice of disability beyond 13 weeks Notice to advise that disability is to extend beyond 13 weeks. Notice should include a copy of a current practitioner's report.