

SAMPLE SAMPLE SAMPLE SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

According to the information submitted to us by the insurer handling your claim, you are a part-time employee and do not have additional employment outside of the employer at which the injury occurred. Therefore, your average weekly wage (AWW) has been calculated as and your temporary total disability (TTD) rate as .

However, you may be eligible to have your AWW and TTD rate calculated as a full-time employee if you can provide evidence of taxable employment with another employer **or** that you have worked part-time for less than 12 months prior to the date of your injury.

You can submit a paystub as proof of other employment by fax to 608-260-2503 or by mail to:

Worker's Compensation Division
PO Box 7901
Madison, WI 53707

If you have any questions regarding the calculation of your AWW, please call us at 608-266-1340 and ask to speak to a wage analyst.

Department of Workforce Development
Division of Worker's Compensation

GL51 (R. 04/2022)