|  |  |  |
| --- | --- | --- |
| State of WisconsinDepartment of AdministrationDOA-6026 (R03/2018)S. 102.08 Wis. Stats.  | WORKER’S COMPENSATIONTemporary Total or Temporary Partial DisabilityBenefits for Job Related Injuries | Division of Enterprise Operations Bureau of State Risk Management |

|  |  |
| --- | --- |
| Employee Name      | Agency Name      |
| Dates absent from work (mm/dd/yyyy); (for TTD use inclusive dates) | Claim No. | Date of Injury (mm/dd/yyyy) |
| [ ]  TTD (Temporary Total Disability) | From: |       |  |       |       |
| [ ]  TPD (Temporary Partial Disability) | To: |       |  | Claim Examiner / Rep.      |
|  |  |  |  |
|  |  |  |
| **WAGE INFORMATION FOR CALCULATING DISABILITY** |
| $ |       | Maximum weekly wage in effect at time of injury **(from** [**WKC-9572**](https://dwd.wisconsin.gov/dwd/publications/wc/wkc_9572_p.pdf) **)** |
| $ |       | Weekly wage (from box 5a on [**WKC-13A**](https://dwd.wisconsin.gov/dwd/forms/WKC/pdf/wkc_13.pdf)) |
|  [ ]  Less than maximum [ ]  More than maximum [ ]  Renewed disability – s. 102.43(7) |
| $ |

|  |
| --- |
| $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 | **Weekly Temporary Total Disability Rate (Weekly Wage x 66.67%)** (Weekly TTD Rate found in box 5c on WKC13-A)  **(If more than maximum wage, use Maximum Weekly Rate on WKC-9572 chart).** |
| **TEMPORARY TOTAL DISABILITY TO BE PAID** |
| $ |       | per week x |       | weeks • • • • • • • • • | $ |       |
| $ |       | per day (1/6 of weekly rate) x |       | days • • • • • • • • • | $ |       |
| **TOTAL TTD BENEFITS DUE** | $ |       |
|  |  |  |
| **TEMPORARY PARTIAL DISABILITY TO BE PAID**(% FROM [**WKC-7359**](https://dwd.wisconsin.gov/dwd/forms/wkc/xls/wkc-7359-e.xls) (List each week separately.) |
|  |       | % wage loss X | $ |       | TTD rate for week of |       | to |       | = $ |       |
|  | Sunday | Sunday |  |
|  |       | % wage loss X | $ |       | TTD rate for week of |       | to |       | = $ |       |
|  | Sunday | Sunday |  |
| **TOTAL TPD BENEFITS DUE** | $ |       |
|  |  |       |
| **TOTAL BENEFITS DUE (if combined)** | $ |       |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Report prepared by (name)      | Date (mm/dd/yyyy)      |

This document can be made available in alternate formats to individuals with disabilities upon request.