|  |  |  |
| --- | --- | --- |
| State of Wisconsin  Department of Administration  DOA-6026 (R03/2018)  S. 102.08 Wis. Stats. | WORKER’S COMPENSATION  Temporary Total or Temporary Partial Disability Benefits 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.