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| 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 |

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| --- | --- |
| 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/wkc-13-a-e.htm)) |
| 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/wkc-7359-e.htm) (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) |

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