WAGE INFORMATION SUPPLEMENT*

Use this form (WKC-13-A1-E) only for injuries occurring on or after April 10, 2022.
Insurers, including self-insured employers, must submit this form with the first **WKC-13 report** for each claim where TTD is less than the maximum rate in the year the injury occurred.

Read instructions on reverse carefully before completing.

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats.   The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102.   DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

Employee Name	Employee Social Security Number*	Date of Injury

Employer Name

Name of Insurance Company or Self-Insured Employer (do not list adjusting company)

Claims Handling Address (number, city, state, zip code)

Complete Section 4 for part-time employees (include anyone working less than 35 hours per week) before completing Sections 1 and 2.)

1. Hourly Wage

	Multiply		Equals	Add	Equals
a. Hourly rate at time of injury: ☐ Standard Base $____ ☐ Piece Rate (if higher than the standard rate) ☐ Standard base rate plus tips Tip Rate only: $____ Base + Tip $____	x	b. Hours per week: (fill in "usual scheduled hours," check the box you use to set the wages) ☐ **Normal scheduled hours:** ____ Includes those hours paid at time-and-a-half: **(See Instructions)** ____ ☐ Actually Worked: (use with piece rate, or tips in Section 1a.) ____ ☐ Expand to Normal Full-time: ____ ☐ Average weekly hours (see sec 4c) __ ☐ Seasonal: (See instructions) ____44	= c. Base weekly rate: (See reverse for computing rates for time and a half employees) $____	+ d. Additional weekly compensation from Section 3 below: (exclude tips) $____	= e. Average weekly earnings: (hourly) $____

2. Gross Wage

	Divide		Equals	Add	Equals
a. Gross taxable wages in 52-week period prior to date of injury: (Exclude tips) $____	÷	b. Number of weeks worked in 52-week period prior to injury: ____	= c. Base Gross Wage: $____	+ d. Additional weekly compensation from Section 3 below: $____	= e. Actual average weekly earnings: $____

3. Additions to Cash Wage Received by Employee Per Week (Mark any that apply)

☐ Free meals (Number/week) ____ Weekly Amount $____   ☐ Fuel Weekly Amount $____
☐ Room (Number of days/wk) ____ Weekly Amount $____   ☐ Lights Weekly Amount $____
☐ Tips Amount/Week $____ (Add only to Section 2d., not 1d.)   ☐ Other Weekly Amount $____
☐ House or Apartment Weekly Amt $____ ☐ Check if this is continued during disability   **Total Weekly Value:** **$____**

4. Part-Time Employment (Worked less than 35 hrs/wk)

a. Does the claimant have employment outside of the employer at which the injury occurred?	b. Did the claimant work less than full-time for less than 12 months prior to the injury?	c. Average weekly hours worked in the 52 weeks prior to the injury	d. Does the employee restrict availability to less than full-time work?
☐ Yes ☐ No	☐ Yes ☐ No	____	☐ Yes ☐ No

5. Weekly Wage and TTD Rate Computation

	Multiply		Equals
a. Weekly Wage (Greater of #1 or #2 above) $____	X	b. ☐ 66.67% **OR** ☐ 100% (use for non-expanded part-time employee)	= c. Weekly TTD Rate: $____

Insurance Claim Representative	Telephone Number ( )

WKC-13-A1 (R. 09/2024)   (See reverse side for instructions)

Instructions for Completing the Wage Information Supplement, Form WKC-13-A

These instructions will help you complete the WKC-13-A and compute the TTD rate correctly. If more help is needed, please contact a wage specialist at (608) 266-1340 or send an e-mail to **wcpendrpt@dwd.wisconsin.gov.** Section DWD 80.02(2)(c) of the Wis. Admin. Code requires insurers, including self-insured employers, to submit this form within 30 days after the injury. It must be submitted for every claim where the TTD rate is less than the maximum rate for the year the injury occurred. For a reference to the maximum rates, see our website at: **https://dwd.wisconsin.gov/dwd/publications/wc/WKC-9572-P.pdf**

Section 1a- Hourly Rate at Time of Injury: Enter the standard base rate at the time of injury. Include in the hourly rate any additional hourly amounts which the employee received at the time of injury, e.g., shift differentials. For employees receiving time-and-a-half, enter the standard base rate, not time and a half rate. If this employee did not have an hourly rate but had a weekly, bi-weekly or monthly salary and has scheduled hours of work, divide the salary by the number of hours worked in the pay period to arrive at the hourly rate. If an employee is paid solely by commission or by mileage or some other method where scheduled hours are not used, the TTD rate will be based only on gross earnings. In such a case, enter "NA" in Section 1 and go on to Section 2. For employees paid on a piece work basis, compute the hourly piece work rate by dividing the earnings from piece work by the number of hours actually worked while on piece rate. Exclude time and a half earnings and hours in this computation. Use the piece rate amount only if the resulting rate is higher than the standard hourly rate. If the employee received tips, compute the additional hourly amount of tips. Enter that amount next to **"tip rate"** and add the hourly tip rate to the standard hourly rate to get the "standard base rate plus tips". Compute the tip rate by dividing total tip earnings (only the earnings received in tips) by total hours actually worked on a tip basis. The total hourly rate must be at least the legal minimum hourly wage.

Section 1b- Hours Per Week: Enter the normal number of hours scheduled (regular fixed schedule) at the time of injury). Include the number of hours the employee is paid at the time and a half rate. If the employee does not have regular scheduled hours, enter the number of hours which full-time employees normally work for the employer in this occupation. Include scheduled hours paid at a time-and-a-half rate in the number of "normally scheduled hours". If scheduled hours vary by more than 5 hours from week to week during the 90-day period immediately preceding the injury, use the number of hours that is normal for full time employees for this occupation. Check the box "Actually Worked" in Section 1b and enter the hours actually worked if the hourly rate in Section 1a is piece rate or includes tips. Check the "seasonal" box with **44** hours entered for employees who meet the definition of **"seasonal"** employees in s.102.11(1)(b) Wis. Stats. Seasonal employment cannot exceed 14 weeks. For part time employees, follow the instructions in Section 4.

Section 1c- Base Weekly Rate: Multiply the hourly rate in Section 1a times the hours used in Section 1b. For employees who worked a time and a half schedule at the time of injury and at least 13 consecutive weeks immediately prior to the injury, use the following formula: multiply the standard rate times the normal scheduled hours excluding those hours paid at the time-and-a-half rate; then multiply the time and a half rate times the time and a half hours, and add the two results to get the Base Weekly Rate.

Sections 1d & 1e- Hourly Wages/Additions to Base Average Weekly Wages and Average Weekly Earnings: Enter here and in Section 2d (except for tips) the weekly value of any other type of compensation the employee received, as shown in Section 3.

Section 2a-e Gross Wages and Average Weekly Earnings Enter the gross wages and the number of weeks the employee worked on that job (same type of work) in the 52-week period prior to the date of injury. When counting weeks for Section 2b, do not Include the week of injury in the 52-week period. Count partial weeks as whole weeks. Include tips and additions to wages from Section 3 in section 2e. For employees who worked less than 6 weeks, TTD will be determined solely by the hourly rate in Section 1 or, if the employee does not have an hourly rate, by wages paid in a "same or similar" occupation. Enter "same or similar" wages in Section 2e and skip 2a, 2c and 2d. Complete the computations in Sections 2c, d and e for all others.

Section 3- Additions to Cash Wages: Enter the weekly value of any additional compensation paid to the employee. This value is added to the computations in Sections 1 and 2. The standard value of **"meals"** and **"room"** is set in Wis. Admin. Code DWD 80.29 and DWD 272. The value of all other items is set by common marketplace value to the employee.

Section 4a-d- Part-Time Employment: If a part-time employee has additional employment outside of the employer at which the injury occurred, check "yes" in Section 4a; their Average Weekly Wage will be calculated as if they are a full-time employee. Check the box "Expand to Normal Full-time" in Section 1 and enter the normal full-full time hours for the employer. If the answer in Section 4a is "no" move on to Section 4b and answer the question. Enter the average weekly hours for the 52 weeks prior to the injury in Section 4c, do not include any weeks in which no work was performed. If the answer to Section 4a is "no", check the box for "Average Weekly Hours Worked" in Section 1b and put this number in the space. In claims where the employee restrict availability to less than full-time work answer "yes" to Section 4d and attach a self-restriction statement or other evidence of the employee's choice to work less than full-time.

Section 5-- Wage and Rate Computation: Enter the wage used to compute the TTD rate (the higher amount from Section 1e or 2e). The rate in Section 5c is computed by multiplying the wage by either 66.67% or by 100% (used for non-expanded part-time employees).
Exception to using 100% in Section 5b: If using 100% in Section 5b exceeds 66.67% of the wages of a full-time employee doing this job, use 66.67% of wages (higher of 1e or 2e) after expanding the hours in Section 1b to full-time.
Exception Note: If this employee's employment situation is unique and you cannot use the computation formulas in Sections 1 and 2, indicate the wage and TTD rate in Section 5, and attach an explanation of how you computed the wage and TTD rate to this request.