voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the ridentifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected. WC Claim Number Employee Social Security Number* Employee Name Employer Name Injury Date Insurance Company Name (not adjusting company) Each period of Temporary Partial Disability (TPD) is to be entered as a line of compensation on the WKC-13-E. Use to only to verify the TPD rate. Figure TPD on a weekly basis, Sunday to Saturday. This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators. Data must be submitted through the Worker's Compensation Pending Reports Internet Application Are the wages reported in column 4 below from the job the employee had at the time of injury? Yes (Tyes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? Yes No "(Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded we were used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job in the time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. Week Hours Emp. At Hourly Wages Weekly Wage at Time of Injury Wage Loss Wage Loss TD Rate TPE TPE Week Hours Emp. At Hourly Wages Earned Time of Injury Wage Loss Wage Loss TD Rate TPE	
Employee Social Security Number* Employer Name Injury Date Insurance Company Name (not adjusting company) Each period of Temporary Partial Disability (TPD) is to be entered as a line of compensation on the WKC-13-E. Use to only to verify the TPD rate. Figure TPD on a weekly basis, Sunday to Saturday. This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators. Data must be submitted through the Worker's Compensation Pending Reports Internet Application Are the wages reported in column 4 below from the job the employee had at the time of injury? If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? (Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded wawere used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job in the time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. 1 2 3 4 5 6 7 8 Week Hours Emp. At Hourly Wages Fanded Time of Injury Worked Rate Fanded Time of Injury Worked Rate Fanded Time of Injury Wage Loss Wage TTD Rate	is form
Injury Date Insurance Company Name (not adjusting company) Each period of Temporary Partial Disability (TPD) is to be entered as a line of compensation on the WKC-13-E. Use to only to verify the TPD rate. Figure TPD on a weekly basis, Sunday to Saturday. This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators. Data must be submitted through the Worker's Compensation Pending Reports Internet Application Are the wages reported in column 4 below from the job the employee had at the time of injury? If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? (Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded wawere used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job in the time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. 1 2 3 4 5 6 7 8 Week Hours Emp. At Hourly Wages Farned Time of Injury Worked Rate Farned Time of Injury Worked Rate Farned Time of Injury Worked TTD Rate TPD To TTD Rate TPD	is form
Each period of Temporary Partial Disability (TPD) is to be entered as a line of compensation on the WKC-13-E. Use to only to verify the TPD rate. Figure TPD on a weekly basis, Sunday to Saturday. This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators. Data must be submitted through the Worker's Compensation Pending Reports Internet Application Are the wages reported in column 4 below from the job the employee had at the time of injury? If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? *(Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded wavere used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job in the time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. 1 2 3 4 5 6 7 8 Week Hours Emp. At Hourly Wages Weekly Wage at Farned Time of Injury Wage Loss Wage TTD Rate	is form
only to verify the TPD rate. Figure TPD on a weekly basis, Sunday to Saturday. This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators. Data must be submitted through the Worker's Compensation Pending Reports Internet Application Are the wages reported in column 4 below from the job the employee had at the time of injury? If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? *(Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded way were used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job held time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. 1 2 3 4 5 6 7 8 Week Hours Emp. At Hourly Wages Weekly Wage at Time of Injury Time of Inj	is form
This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators. Data must be submitted through the Worker's Compensation Pending Reports Internet Application Are the wages reported in column 4 below from the job the employee had at the time of injury? If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? *(Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded wawere used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job held time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. 1 2 3 4 5 6 7 8 Week Hours Emp. At Hourly Wages Weekly Wage at Worked Rate Farned Time of Injury Worked Rate Farned Time of Injury TD Rate TPD	
If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate. If No, are the earnings from a second job that was held at the time of injury? *(Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded wawere used to set the TTD rate) Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job held time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD. 1 2 3 4 5 6 7 8 Week Hours Emp. At Hourly Wages Weekly Wage at Farned Time of Injury Wage Loss Wage TTD Rate TPD	
Week Hours Emp. At Hourly Wages Weekly Wage at Farned Time of Injury Wage Loss Wage TTD Rate TPE	ges
Week Hours Emp. At Hourly Wages Weekly Wage at Farned Time of Injury Wage Loss Wage TTD Rate TPE	9
	Rate
TOTAL	

WORKSHEET FOR TEMPORARY PARTIAL DISABILITY