

WISCONSIN WORKER'S COMPENSATION RESOURCES

NOVEMBER 2025



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WORKER'S COMPENSATION DIVISION GUIDING PRINCIPLE

We make Wisconsin a better and safer place to live and work by ensuring that workers get the benefits for which they are eligible while protecting the rights of injured workers, employers, and insurers.

Wisconsin Department of Workforce Development

Division of Worker's Compensation

Dispute Resolution Section Staff and Areas of Expertise

November 2025

Lisa Halsey – Section Chief

lisa.halsey@dwd.wisconsin.gov

To contact any of the DRS Specialists, please call 608-261-8472

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Kati Zieroth (Claims Services) kati.zieroth@dwd.wisconsin.gov	PPD Calculations only for Hearing Loss, Vision Loss

Important WCD Contact Information

Mailing Address	P.O. Box 7901 Madison, WI 53707-7901
Physical Address	201 E. Washington Ave., Room G 400 Madison, WI 53703
Main Telephone Line	608-266-1340
Imaging Server Fax	608-260-2503
Litigated Fax	608-260-3053
Main Fax	608-267-0394
Health Cost Disputes Fax	608-260-3143
IT Help Desk	608-266-7252
Bureau of Insurance Programs	608-266-3046
Dispute Resolution Section (DRS)	608-261-8472
Copy Work	608-266-3280

Bureau of Claims Management Supervisors

Rod Gennrich, Claims Services	608-405-4123
Lisa Halsey, Dispute Resolution	608-266-5570
Brendan Kim, Records Management	608-261-0382

Computations*

(Social Security Offsets, Present Value)

A – GAF	Karen Knapton
GAG – LAZ	Anita Pradhan
LBA – REH	Jessica Mandurano
REI – ZZZ	Jill Learned

Wage*

(Please note: if claim is litigated, staff usually will not directly address the correct AWW unless requested by ALJ.)

A – N	Keith Kinion
O – Z	Steven McKinney

Specific Issues

Pending Report Problems	Rod Gennrich	608-405-4123
Unable to Access Claim		
• No Hearing Application Filed	Rod Gennrich	608-405-4123
• Hearing Application Has Been Filed	Laura Przybylo	608-267-4446
Surcharges, Disability Dates, Interest Credit for Advancements	Kathy Almeida	Kathrene.Almeida@dwd.wisconsin.gov

* Alpha splits are based on the first letter of the injured worker's last name.

Required Reports to Be Filed with Division of Worker's Compensation Sorted by Due Date

(Event Table)

For complete text of provisions, see Wisconsin Administrative Codes ch. DWD 80.02

Due	Report/Form	Code Requirement
1 day	WKC-12, First Report of Injury	DWD 80.02(1) An employer shall, within one day after the death of an employee due to a compensable injury, report the death to the department and the employer's insurance carrier.
14 days	WKC-12, First Report of Injury	DWD 80.02(2)(a) A first report of injury ... on or before the 14th day after an accident or the beginning of a disability from occupational disease. If the employer does not notify the insurance carrier until after 14 th day, submit within 7 days of notice from any source.
30 days	WKC-13, Supplemental Report	DWD 80.02(2)(b) A supplementary report, with information required by form WKC-13 on or before the 30th day following the day on which the injury occurred or within 30 days after injury was reported to WCD. (First payment and wage information)
30 days	WKC-13A1, Wage Information (for injuries occurring on or after 4/10/22)*	DWD 80.02(2)(cm) The wage information required by form WKC-13A1 if the wage is less than the maximum wage. Send with WKC-13, or, if not available, advise of date you expect to submit.
30 days	Part-time employee's restriction statement, if applicable (for injuries occurring on or after 4/10/22)*	DWD 80.02(2)(dm) A signed statement from the employee verifying that the employee restricts his/her availability to part-time employment, an employment application indicating an hour or shift preference, or other evidence showing the employee chose to work less than full time. Send with WKC-13A1.
	*For injuries occurring before 4/10/22, please contact a Wage Analyst for wage information submission requirements.	

Required Reports to Be Filed with Division of Worker's Compensation Sorted by Due Date

(continued)

Due	Report/Form	Code Requirement
30 days from time of event	WKC-13, Supplemental Report (Accompanied by WKC-16, Final Medical Report, at end of healing when more than 3 weeks of temporary disability, any PPD, or surgery as a result of injury)	DWD 80.02(2)(e) A WKC-13 report within 30 days after each of the following events, with a paper copy to the employee: • Payment type is changed to PPD from TTD or salary continuation in lieu of compensation • TTD benefits or salary continuation in lieu of compensation is reinstated • TPD is paid. Include information required by form WKC-7359 (TPD worksheet) • Final payment of compensation is made or salary continuation in lieu of compensation ended • When transferring an open claim with 26 or more weeks of temporary disability or permanent total disability paid to a new claims handling office or third party administrator • Upon department request
At time of event	WKC-13, Supplemental Report	DWD 80.02(2)(f) and HA 4.04(5) Due when submitting stipulation or compromise and at time of hearing

Required Reports to Be Filed with Division of Worker's Compensation Sorted by Report

Which report	Who sends	Where to send	When to send
WKC-12 First Report of Injury	Employer	Insurance carrier	Within 7 days after • accident or • beginning of lost time for occupational disease
	Insurance carrier	WCD	• On or before 14 days after an accident or • On or before 14 days after the employee began losing time for an occupational disease If the claim is reported to the insurance carrier more than 14 days after the date of accident, report the claim to WCD within 7 days of notice from any source
	Employer	Insurance carrier	Within one (1) day after death of employee due to a compensable injury
	Insurance carrier	WCD	
WKC-13, Supplemental Report (First Payment Report)	Insurance carrier	WCD	First payment report: • Within 30 days after the date of injury or • Within 30 days after injury was reported to WCD
WKC-13A1 Wage Information (for injuries occurring on or after 4/10/22)*	Insurance carrier	WCD	If employee's wage is less than maximum, submit with first WKC-13 Supplemental Report. If not available when you send first WKC-13, advise of date you expect to submit.

Required Reports to Be Filed with Division of Worker's Compensation Sorted by Report

(continued)

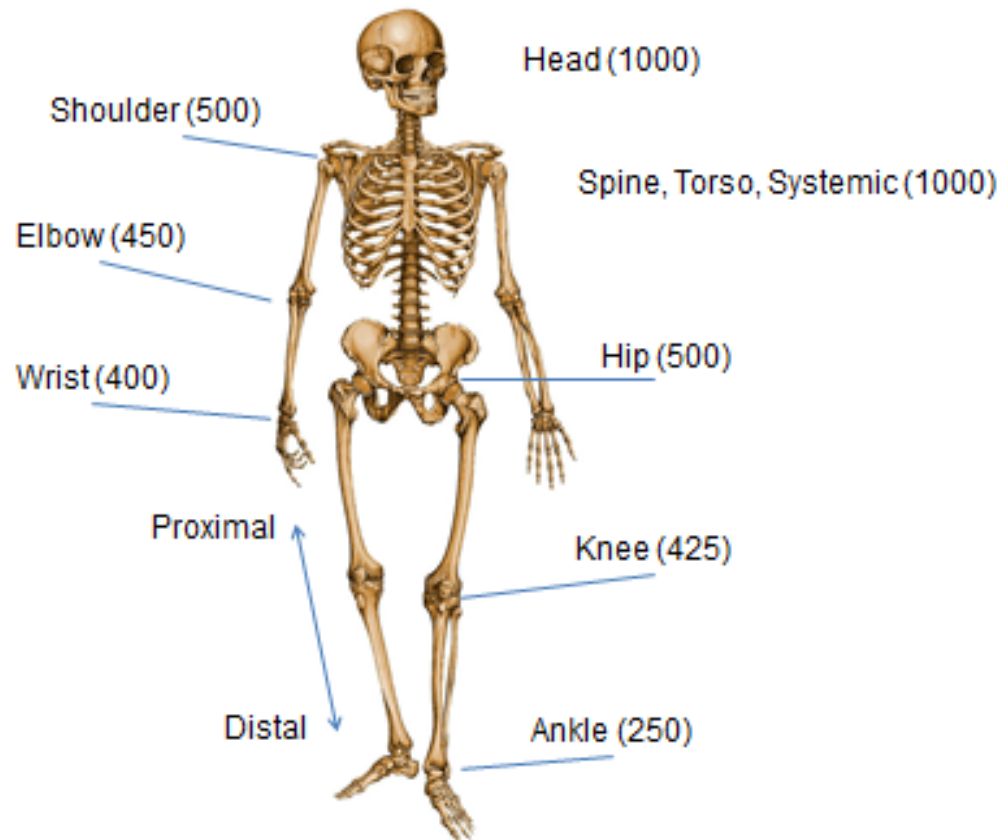
Which report	Who sends	Where to send	When to send
Part-time employee's restriction statement, if applicable (for injuries occurring on or after 4/10/22)*	Insurance carrier	WCD	DWD 80.02(2)(dm) A signed statement from the employee verifying that the employee restricts his/her availability to part-time employment, an employment application indicating an hour or shift preference, or other evidence showing the employee chose to work less than full time. Send with WKC-13A1.
WKC-13, Supplemental Report (Subsequent Payment Report)	Insurance carrier	WCD, with paper copy to employee	Within 30 days after each of the following events: • Payment type is changed to PPD from TTD or salary continuation in lieu of compensation • TTD benefits or salary continuation in lieu of compensation is reinstated • TPD is paid. Include information required by form WKC-7359 (TPD worksheet) • Final payment of compensation is made or salary continuation in lieu of compensation ended • When transferring an open claim with 26 or more weeks of temporary disability or permanent total disability paid to a new claims handling office or third party administrator • Upon department request
WKC-13, Supplemental Report (Subsequent Payment Report)	Insurance carrier	WCD	At time of event for litigated claims, when submitting stipulation or compromise and at time of hearing
	* For injuries occurring before 4/10/22, please contact a Wage Analyst for wage information submission requirements.		

Notice Requirements

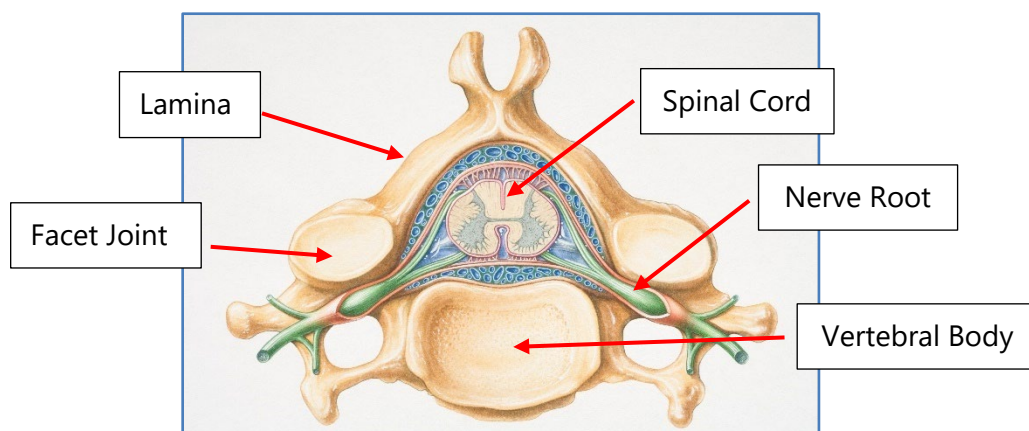
For complete text of provisions, see Wisconsin Administrative Code ch. DWD 80

Due	Send to	Code Requirement
7 days	WCD and Employee	DWD 80.02(2)(g)1. Written notice of Suspension When payments are stopped for any reason. If any payments are stopped for a reason other than an employee's return to work, the notice shall explain why payments were suspended and shall advise the employee what to do to reinstate payments.
7 days	WCD and Employee	DWD 80.02(2)(g)2. Written notice of Denial When a decision is made to deny liability for payment of compensation for reported claims after a concession of liability is made , giving the reason for the denial and advising the employee of the right to a hearing.
7 days	WCD	DWD 80.02(2)(g)3. Written notice of Amputation requiring artificial member or appliance
14 days	Employee	DWD 80.02(2m)(a)1. Written notice of Denial Notice to advise that liability for payment of compensation is being denied, with the specific reason for the denial and advising employee of the right to a hearing.
14 days	Employee	DWD 80.02(2m)(a)2. Written notice of Investigation Notice to advise that claim is not being paid because it is still under investigation. The notice shall specify if additional medical or other information is needed to complete the investigation and shall advise the employee of the right to a hearing if the claim is later denied.
30 days	WCD	DWD 80.02(2)(i). If increased compensation is due, a final receipt within 30 days of the final payment to the employee.
30 days	WCD and Employee	DWD 80.02(2)(j). Written notice to employee who has not returned to treating practitioner advising them to return to doctor for final examination to determine if any PPD exists.
13 weeks	WCD	DWD 80.42 Notice of disability beyond 13 weeks Notice to advise that disability will extend beyond 13 weeks. Notice shall include a copy of a current practitioner's report.

Body and Major Joints Weeks of Compensation

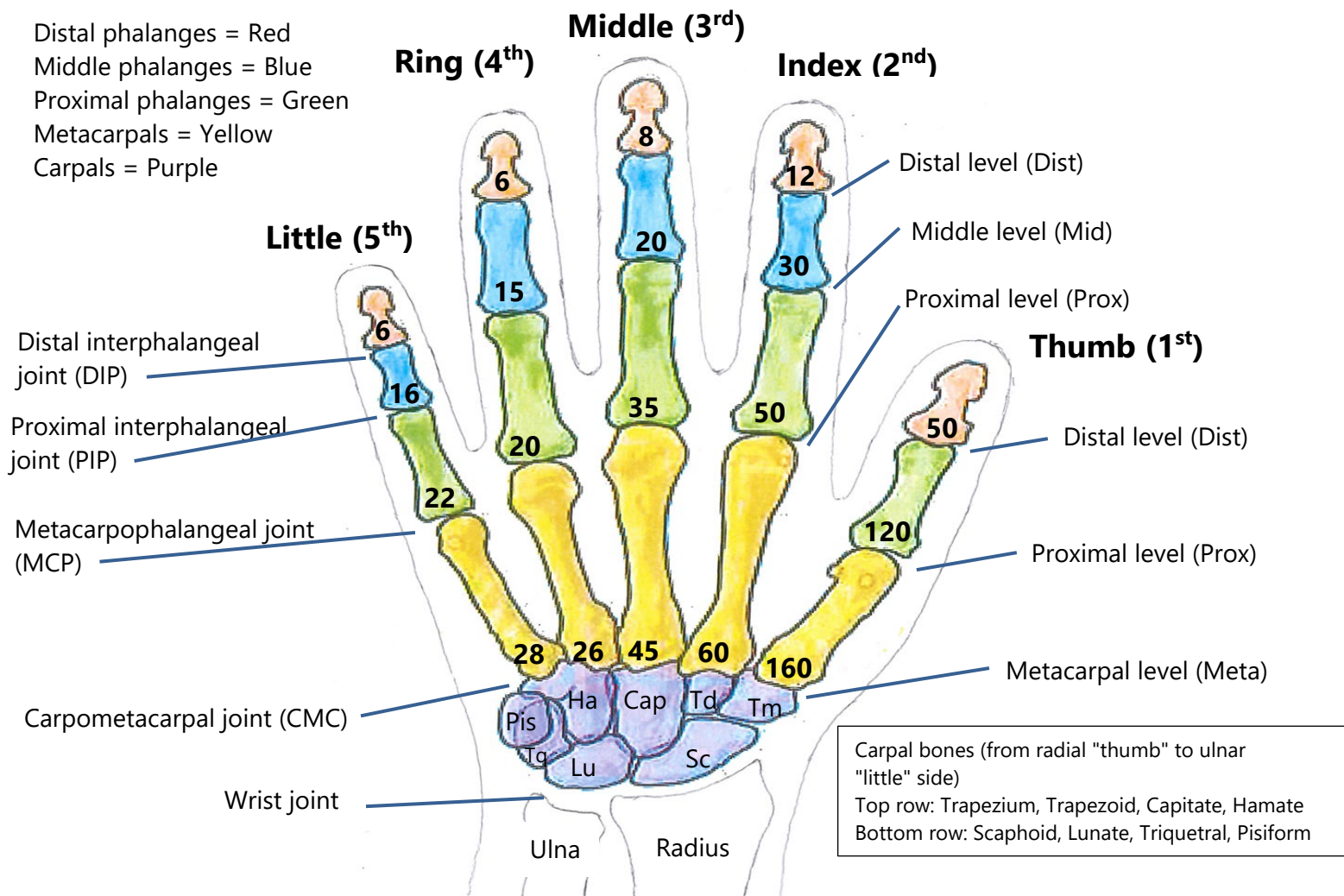


Spine Cross Section



Hand Injury Weeks of Compensation

Distal phalanges = Red
Middle phalanges = Blue
Proximal phalanges = Green
Metacarpals = Yellow
Carpals = Purple



Amputations

Fingertip (distal phalanx):

Less than or equal to 1/3 = 45%

Between 1/3 and 2/3 = 80%

Greater than 2/3 = 100%

Middle or proximal phalanx:

Ratio residual bone vs. normal bone on comp x-ray at joint proximal to amp

Combinations:

All fingers at proximal level = 225 weeks

Palm where thumb remains = 325 weeks

Multiple disabling finger injuries to same hand

First equal or lesser injury X 100%

Second or more equal or lesser injury X 150%

Dominant hand multiplier = 25%

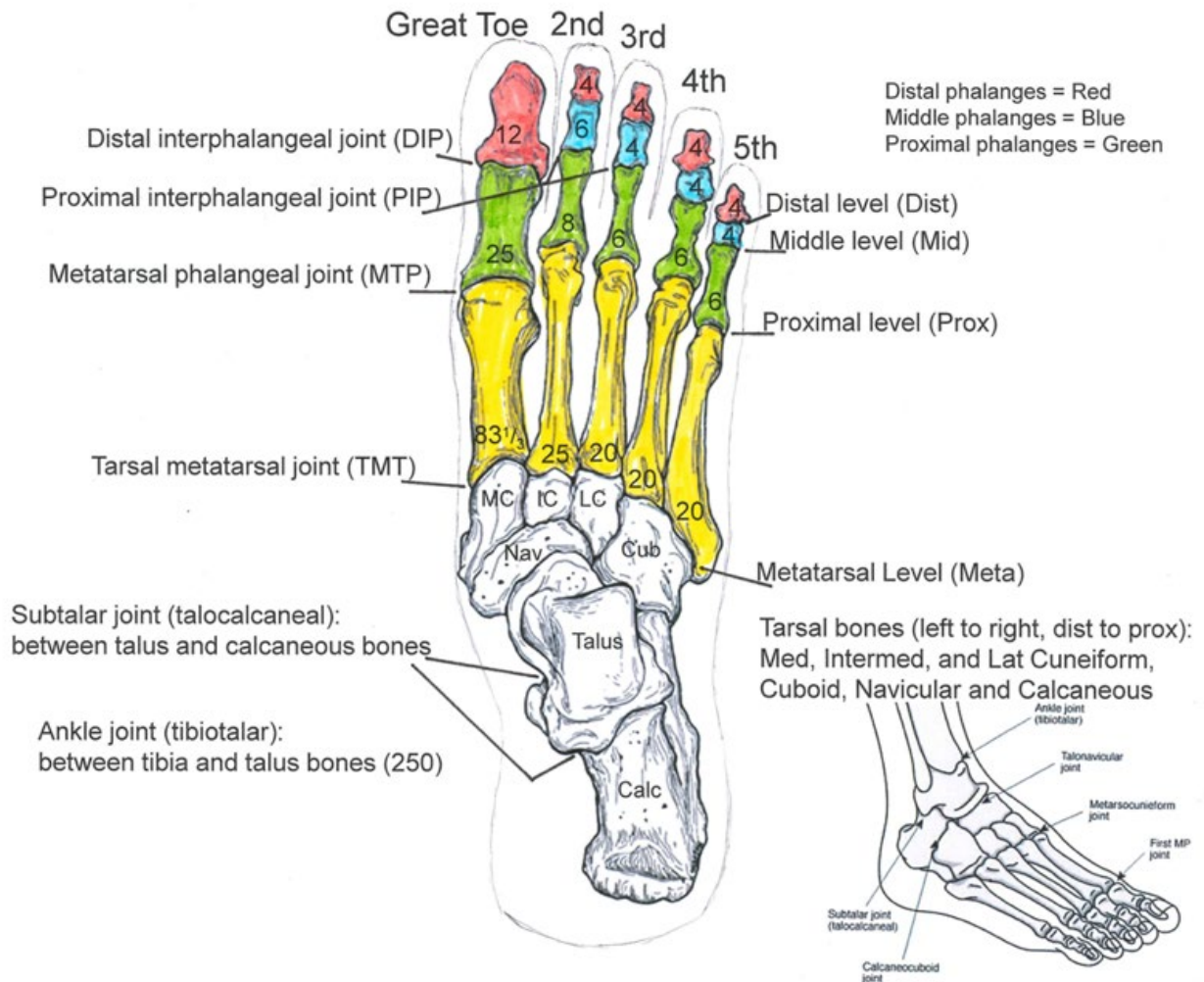
Complete Ankylosis (Fusion, either surgical or non-surgical)

	Joint	Mid Position	Complete Ext
Thumb	Dist	25%	35%
	Prox	15%	20%
	Dist and Prox	35%	65%
	Carpometacarpal (CMC)	20%	20%
	Dist, Prox, and CMC	85%	100%
Fingers	Dist	25%	35%
	Mid	75%	85%
	Prox	40%	50%
	Dist and Mid	85%	100%
	Dist, Mid, and Prox	100%	100%

Sensory Loss

	Entire Digit	Palmar	Dorsal
Any digit	50%	35%	15%

Foot Injury Weeks of Compensation



Common Statutory Minimum PPD Ratings

Administrative Rules DWD 80.32 and DWD 80.33 present the conditions under which statutory minimum PPD ratings will apply. These Administrative Rules can be found in the online version of the [Wisconsin Worker's Compensation Act](#).

Please refer to the WCD publication *How to Evaluate Permanent Disability* ([WKC-7761-P](#)).

Pay special attention to the following sections for commonly-seen statutory minimum PPD ratings.

DWD 80.32 (2)	Amputations
DWD 80.32 (3)	Hip – total or partial prosthesis
DWD 80.32 (4)	Knee – total or partial prosthesis, meniscectomy, anterior cruciate ligament (ACL) repair
DWD 80.32 (7)	Shoulder – prosthesis
DWD 80.32 (10)	Complete sensory loss, foot drop
DWD 80.32 (11)	Back – removal of disc material, fusions, and symptomatic compression fractures
DWD 80.33	Fingertip amputations

Please note that these are statutory minimum PPD ratings. DWD 80.32 (1) states that findings of additional disabling elements shall result in an estimate higher than the minimum.

Selected Worker's Compensation Forms

(For complete list, see [WC Forms List](#))

Form Number	Form Description
WKC-3-E	Medical Treatment Statement – To list charges from medical providers, or for medicine and supplies. (To be submitted with WKC-7 – Hearing Application)
WKC-7-E	Hearing Application – To be filed with the Department by a party requesting resolution of a dispute
WKC-7 Instructions	Instructions for completing Hearing Application (Form WKC-7) Spanish WKC-7 instructions – Instrucciones Para Llenar La Solicitud de Audiencia Adjunta (Formulario WKC-7)
WKC-7-B-E	Compromise Review Application
WKC-12-E	Employer's First Report of Injury or Disease – Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
WKC-13-E	Supplementary Report on Accidents and Industrial Diseases – Supplemental report to be filed by the insurer or self-insured employer when payments are started, stopped, suspended, or changed. Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
WKC-13A-E	Wage Information Supplement – (for injuries occurring before April 10, 2022) To be filed with the Department by the insurer or self-insured employer when wage used is less than the maximum compensation rate. Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
WKC-13-A1-E	Wage Information Supplement – (for injuries occurring on or after April 10, 2022) To be filed with the Department by the insurer or self-insured employer when the wage used is less than the maximum compensation rate. Except for fatal, perm total, and litigated claims, the information on this form must be sent to the WC Division electronically.
WKC-16-E	Medical Report on Industrial Injury – To be filed by the insurer or self-insured employer when temporary disability exceeds 3 weeks, permanent disability results, or when there is surgery other than for a hernia
WKC-16-A-E	Physician's Report on Eye Injuries
WKC-16-B-E	Physician's Report on Accident or Industrial Disease in Lieu of Testimony (To support WKC-7 – Hearing Application)

Selected Worker's Compensation Forms

(continued)

Form Number	Form Description
WKC-19-DHA-E	DHA Admission to Service and Answer to Application – To be filed by the respondent insurer or employer and served on the party filing the Hearing Application. Must be filed within 20 days after service of the application.
WKC-136-E	Advance or Lump Sum Request
WKC-140-E	Supplemental Payments Reimbursement Request
WKC-170-E	Third Party Proceeds Distribution Agreement – To be filed with the Department by the insurance carrier for approval of distribution
WKC-176-E	Compromise Agreement – To be filed with the Department by the parties for approval of compensation resolving a dispute
WKC-6156-E	Social Security Information
WKC-6743-E	Vocational Expert Report
WKC-7359-E	Temporary Partial Disability Worksheet with instructions
WKC-9380-E	Necessity of Treatment Dispute Resolution Request
WKC-9488-E	Voluntary and Informed Consent for Disclosure of Health Care Information – Electronic format which may be completed on-line and printed for signatures (Available in English, Hmong, and Spanish)
WKC-9498-E	Reasonableness of Fee Dispute Resolution Request
WKC-10146-E	Notification of Vocational Services
WKC-10369-E	Private Vocational Rehabilitation Services Quarterly Report
WKC-12698-E	Self-Restriction to Part-Time Work (Available in English and Spanish)
WKC-13049-E (AU04)	Letter requesting completion of form for annual follow-up for fatal injury
WKC-13052-E (AU03)	Letter requesting completion of form for annual reporting of PTD benefits
WKC-16804-E	Work Injury Supplemental Benefit Fund Barred Claim
WKC-17001-E	Notice of Potential Eligibility to Receive Vocational Rehabilitation Services
WKC-17843-E	Fax Cover Sheet – To be used when submitting documents on non-litigated claims
WKC-17876-E	Annual Report of Permanent Total Disability Payments Made
WKC-18613-E	Mileage Reimbursement Record
WKC-19603-E	Workers Compensation Feedback Form
WKC-19606-P	Notice to Injured Workers and Employers Poster (Available in English, Hmong, and Spanish)

Useful Worker's Compensation Web Pages

Worker's Compensation Division	Worker's Compensation
Insurers' Pending Report	Insurers' Pending Report
Training Sessions and Workshops - Materials	Worker's Compensation Training Sessions and Workshops
WCRB Insurance Coverage Look Up	Coverage Lookup - Wisconsin Compensation Rating Bureau (wcrb.org)
Claims Handling Performance Reports	Claims Handling Performance Reports
Three-Day Waiting Period Explanation	Counting Days
DWD Public Meeting and Hearing Notices	Statewide Public Meetings and Hearing Notices
Worker's Compensation Advisory Council	Worker's Compensation Advisory Council (WCAC)
• WCAC Membership	• WCAC Membership List
• WCAC Meeting Information	• Workers Compensation Advisory Council (WCAC) Meeting Schedule
Self-Insurers Council (with Membership and Meeting Information)	Self-Insurers Council
Health Care Provider Advisory Committee (with Membership and Meeting Information)	Health Care Provider Advisory Committee(HCPAC)
Child Support Lien Docket	Lien Docket Welcome
State of Wisconsin Pocket Travel Guide (reimbursement rates for injured worker travel)	PocketTravelGuide.pdf

Links to Important Documents

Name	Link to Electronic Version
Wisconsin Worker's Compensation Act (R. 8/2025)	WKC-1-P * Adobe PDF format
How to Evaluate Permanent Disability (R. 8/2012)	WKC-7761-P Adobe PDF format
Maximum Wage and Rate Chart (R. 12/2024)	WKC-9572-P Adobe PDF format
Historical Wage/Rate Information	Wage History Excel spreadsheet format
Insurance Letters: Used to convey important information to stakeholders	Insurance Letters (wisconsin.gov)
Worker's Compensation Online Publications	WC Publications (wisconsin.gov)
Wisconsin State Legislature Archive (Previous versions of statutes and rules)	Wisconsin Legislative Documents Archive

*The online version of the Wisconsin Worker's Compensation Act is regularly updated. The most recently printed version was published in October 2024 and may be purchased through [Document Sales](#) [(800) 362-7253] for \$7.80 each plus tax and shipping. Please specify item #1403D. As new worker's compensation legislation is passed, please check the online version of the Wisconsin Worker's Compensation Act .