MODULE: AVERAGE WEEKLY WAGE CALCULATION

Division of Workers' Compensation

Bureau of Monitoring and Audit

AVERAGE WEEKLY WAGE (AWW) s. 440.14, F.S., Rule 69L-3.30046, F.A.C.

Average Weekly Wage (AWW)

- The amount of money the injured worker (IW) earns each week
- It is the basis for all monetary benefits being paid to the injured worker
- It is the single most important factor in the value of the workers' compensation claim

Wage Statement

- The employer reports all required wage information of the injured worker on the DFS-F2-DWC-1a form to the claim administrator within 14 days of the employer's knowledge of a Lost-Time or a medical to Lost-Time case
- The whole of 13 weeks of the injured worker's wages immediately preceding the date of accident are used to calculate AWW
- If 13 weeks of the injured worker's wages are not available, then at least 75% of the total customary hours of employment which equates to 9.75 weeks (10 weeks can be utilized)

AWW (continued)

- If the injured worker has not worked in such employment during substantially the whole of 13 weeks immediately preceding the accident, the wages of a similar employee in the same employment can be used
- If the injured worker is a seasonal worker and the prior methods cannot fairly be applied in determining the AWW, the employer may use the calendar year or the 52 weeks immediately preceding the accident.
- If any of the prior methods cannot reasonably and fairly be applied, the full-time weekly wages of the injured worker can be used
- An interactive <u>DFS-F2-DWC-1a</u> can be found on the Division's website.

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CFO JIMMY PATRONIS

Lost-Time Claim Scenario #1

DOI: 3-16-18

Date Disability Began: 6-17-18

Waiting Week: 6-17- to 6-23-18

Employer wage statement provided includes 13 weeks of earnings preceding the accident = \$6,825.

What is the AWW? *Gross total /weeks*\$6,825/13=\$525.00 (AWW)

What is the Comp Rate (CR)?

Calculation of CR

AWW x .6667

\$525.00 x .6667= \$350.02

\$525.00 (AWW) and \$350.02 (CR)

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CFO JIMMY PATRONIS

Lost-Time Claim Scenario #2

DOI: 3-16-18

Date Disability Began: 6-17-18

Waiting Week: 6-17- to 6-23-18

Employer wage statement provided includes 10 weeks of earnings preceding the accident = \$5,250.00

What is the AWW?

Gross total /weeks

\$5,250/10=\$525.00 (AWW)

What is the Comp Rate (CR)?

Calculation of CR

AWW x.6667 $$525.00 \times .6667 = 350.02

\$525.00 (AWW) and \$350.02 (CR)

WAGE STATEMENT FLORIDA DEPARTMENT OF FINANCIAL SERVICES							RECEIVED BY CLA	
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CFO JIMMY PATRONIS

Lost-Time Claim Scenario #3

DOI: 3-16-18

Date Disability Began: 6-17-18 Waiting Week: 6-17- to 6-23-18 Employment date: 03/10/2018

The employee has only worked for 5 days, therefore 13 weeks of wages are not available to report.

How would the AWW be calculated?

440.14(1)(b) states that if the injured employee has not worked in such employment during substantially the whole of 13 weeks immediately preceding the accident, the wages of a similar employee in the same employment who has worked substantially the whole of such 13 weeks shall be used in making the determination under the preceding paragraph.

There are a few different ways to calculate the AWW and CR.

Similar Employee:

If the injured worker has not been working at the place of employment at least 13 weeks preceding the date of accident, the wages of a similar employee who has worked the whole of such 13 weeks shall be used in making the determination of the AWW for the injured worker.

Gross total /weeks \$6,825.00 /13= \$525.00 (AWW)

Calculation of CR AWW x.6667 \$525.00 x .6667= \$ 350.02

\$525.00 (AWW) and \$350.02 (CR)

			RECEIVED BY CLA	IMS-HANDLING ENITY			
			F FINANCIAL S				
			he information contain d, contact the Division				
LEASE PRINT OR TYPE			Company of the same of			Lavrene	
			EMPLOYEE NAME (First, Middle, Last)			DATE OF ACCIDENT (Month-Day-Year)	
			Injured Employee	e A		03/16/2018	
MPLOYER NAME & ADD	RESS		CONCURRENT EMP	LOYER NAME & ADDRI	ESS (If applicable)	ARE THE WAGES LIS FOR A SIMILAR EMPL	STED BELOW LOYEE?
nderson Grocers 30 East Gaines Stre allahassee, FL 3239					YES NO SIMLAR EMPLOYEE'S NAME Employee B		
ELEPHONE			TELEPHONE			OCCUPATION OF SIM	MLAR EMPLOYEE
50) 867-5309						Cashier	
EMPLOYEE'S CUSTON	ARY WORK WEEK	EMPLOYEE	'S CUSTOMARY	EMPLOYEES	SCUSTOMARY	EMPLOYER'S CUST	TOMARY WORK WEEK
Monday - Friday		5 DAYS W	ORKEDWEEK	HOURS WO	ORKEDWEEK	Saturday-Friday	
(ex. Saturday thru Friday - U	se 7 calendar day period)		days /week)		ours / week)	(ex. Saturday thru Friday - I	
	Earned During The Week	of the Accident - Use T	turday) immediately pred the 13 Calendar Weeks Im		GRATUITIES AS REPORTED TO THE	FRINGE BENEF EMPLOYEI	TTS (employee rec'd) R COST ONLY
MEEK FROM	WEEK	# OF DAYS WORKED THAT WEEK	#HOURS WORKED THAT WEEK	GROSS PAY	EMPLOYER IN WRITING AS TAXABLE INCOME	HEALTH INSURANCE	RENT/ HOUSING
1 12/17/2017	12/21/2017	5	40	525.00			
2 12/24/2017	12/28/2017	5	40	525.00		Į.	j.
3 12/31/2017	01/04/2018	5	40	525.00			
4 01/07/2018	01/11/2018	5	40	525.00		V.	
5 01/14/2018	01/18/2018	5	40	525.00			
6 01/21/2018	01/25/2018	5	40	525.00			
7 01/28/2018		5	40	525.00			
8 02/04/2018		5	40	525.00			
		5	40	525.00			
9 02/11/2018	02/22/2018	5	40	525.00			
10 02/18/2018							
02/18/2018 11 02/25/2018	03/01/2018	5	40	525.00			+
02/18/2018 11 02/25/2018 12 03/04/2018	03/01/2018 03/08/2018	5	40	525.00			
02/18/2018 11 02/25/2018 12 03/04/2018 13 03/11/2018	03/01/2018 03/08/2018		+	-			
02/18/2018 11 02/25/2018 12 03/04/2018 13 03/11/2018 **	03/01/2018 03/08/2018 03/15/2018	5	40 40	525.00 525.00		WILL EMPLOYER CO	NTINUE TO
02/18/2018 11 02/25/2018 12 03/04/2018 13 03/11/2018 **	03/01/2018 03/08/2018	5	40	525.00 525.00 6825.00		WILLEMPLOYER CO PROVIDE ABOVE BEI YES NO TAL FRINGE BENEFITS KIUTIES AND FRINGES	YES NO

Rate of Pay/Contract of Hire:

The Claim Administrator may use the rate of pay or actual wages of the injured worker by collecting the hourly rate the injured worker is paid and the number of hours they work on a weekly basis.

Lost-Time Claim Scenario #4

DOI: 3-16-18

Date Disability Began: 6-17-18

Waiting Week: 6-17- to 6-23-18

Hourly rate \$10.00 Work week: 40 hours \$10.00 x 40= \$400.00 (AWW)

Calculation of CR AWW x.6667 \$400.00 x .6667= \$ 266.68 Employees hourly rate of pay: \$10

There is no similar employee.

Employment date: 03/10/18



\$400.00 (AWW) and \$266.68 (CR)

Concurrent Employment

If the injured worker has been working at an additional place of employment, then those wages are to be calculated into the wages from primary employment

The injured worker <u>is responsible</u> for providing the concurrent wages to the employer and/or the claims administrator for accurate calculation of the average weekly wage and compensation rate.

			WAGE STA	TEMENT	EMENT			IMS-HANDLING ENIT
	F			F FINANCIAL S S' COMPENSA				
NOTICE employe 342-174	er or claim-handling	If you have any entity. If further a	questions about to essistance is needed	he information contain contact the Division's	ned on this form, p Employee Assistan	please contact your nce Office at 1-800-		
PLEASE	PRINT OR TYPE						L	10-00-10-10-10-10-10-10-10-10-10-10-10-1
				EMPLOYEE NAME (F		DATE OF ACCIDENT (Month-Day-Year)		
				Injured Employee	A		03/16/2006	
	YER NAME & ADDRES	S			OYER NAME & ADDR	ESS (If applicable)	ARE THE WAGES LIS	TED BELOW
111 Sesame Street Two Egg, FL 34509				Two Egg Cab Drivers 12345 Salad Lane Two Egg, FL 34509			FOR A SIMILAR EMPLOYEE? YES NO SIMILAR EMPLOYEE'S NAME	
TELEPH	ONE			TELEPHONE			E.E. Employee	H AD FADY OVER
	67-5309			TELEPHONE			Administrative Ass	
	LOYEE'S CUSTOMAR	A MUBIC MEEK	EMPLOYEE	S CUSTOMARY	EMPL OVER	S CUSTOMARY		OMARY WORK WEE
		A FESTA TIELD	DAYS WO	RKEDWEEK	HOURS W	DRKEDWEEK	5505 - 5000 - 300000	Om At HORR WEE
	ay-Friday aturday tiru Friday - Use 7	calendar day period)	5		40 (ex. 40 r	nours / week)	Monday-Friday (ex. Saturday thru Friday - U	Jse 7 calendar day period)
			(ex. 5)	tays / week)	4000000		it it to your claims-handli ng any fringe benefits, y	
Do Not R The Acci	Report Any Wages Earn ident WE	•	# OF DAYS	ne 13 Calendar Weeks Im #HOURS	mediately Preceding	REPORTED TO THE EMPLOYER IN	ACOMM 1900A45 W	1
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1	03/20/2006	03/24/2006	5	20	225.00			
2	03/27/2006	03/31/2006	5	20	225.00			
2	03/27/2006 04/03/2006	03/31/2006 04/07/2006	5 5	20 20	225.00 225.00			
3 4				_	_			
3 4 5	04/03/2006	04/07/2006	5	20	225.00			
	04/03/2006 04/10/2006	04/07/2006 04/14/2006	5 5	20 20	225.00 225.00			
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Benefit Calculators

In an effort to help stakeholders evaluate their benefit information, the Division provides a set of online benefit calculators on its web site.

The information and interactive calculators are made available to everyone as self-help tools for each person's independent use.

The Division cannot and does not guarantee their applicability or accuracy regarding each person's individual circumstances.

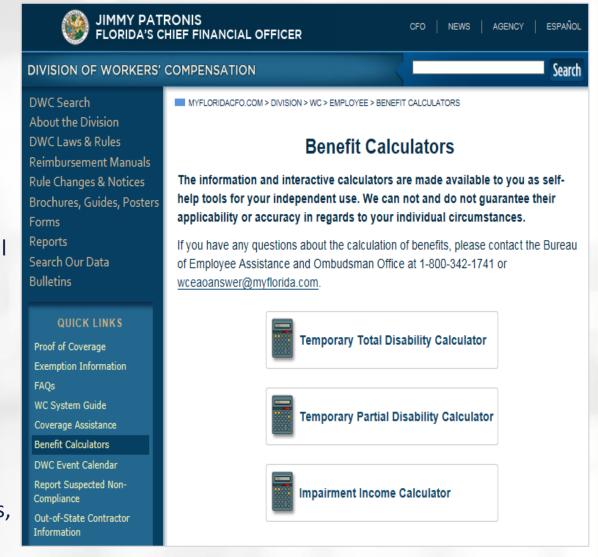
The Division offers three types of benefit calculators:

Temporary Total Disability,

Temporary Partial Disability, and

Impairment Income

If you have any questions about the calculation of benefits, or with estimating benefits, please contact the Bureau of Monitoring and Audit at (850) 413-1608.





CFO JIMMY PATRONIS-