



# State of Ohio

## Part-time Employment Calculation Report

This report must be submitted with all applications for benefits for employees who were employed part-time for six weeks prior to the injury. Only complete weeks may be considered.

Employee's Name:						Date of Injury:			
Complete the calendar for six (6) weeks prior to the date of injury.						BWC Claim #:			
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS		
Total hours for weeks shown:									

Total hours = \_\_\_\_\_ divided by \_\_\_\_\_ weeks = \_\_\_\_\_ average weekly rate  
 \_\_\_\_\_ (average weekly rate) divided by 7 = \_\_\_\_\_ daily rate (round off to nearest ½ hour)  
 \_\_\_\_\_ (daily rate) is part-time benefit rate for this claim.

Signature of Preparer:	Phone #:	Date:
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**NOTICE:** Failure to complete a *Part-time employment calculation report* for part-time employee's workers' compensation claims, especially requests for Occupational Injury Leave and Salary Continuation, may result in the delay of benefits to the employee. The maximum a part-time employee can receive per day is 5.65 hours, not to exceed 39.55 hours per week.

# Instructions Page for Completing the Part-time Employment Calculation Report

This report must be submitted with all applications for benefits for employees who were employed part-time for six weeks prior to the injury.

- Complete the employee's full name
- Complete the date of injury
- Complete the Bureau of Workers' Compensation claim # if available

For every day 6 weeks prior to the date of injury, capture the employee's work schedule, including work hours and any time taken.

Date should appear in the small box and time taken should appear in the larger box

5/12		5/13		5/14		5/15		5/16	
	R		8.0		4.0 P 4.0 V		R		10.0

### ONLY use the codes listed below to document time used

- |                            |                                 |                             |
|----------------------------|---------------------------------|-----------------------------|
| A – Absent, no pay         | H – Holiday                     | R – Regular Day Off         |
| ADM – Administrative Leave | LDW – Last Day Worked           | RTW – Date Returned to Work |
| CSD – Cost Savings Day     | LOA – Leave of Absence          | S – Sick Leave              |
| CT – Comp Time             | OIL – Occupational Injury Leave | SC – Salary Continuation    |
| DL – Donated Leave         | PL – Personal Leave             | V – Vacation                |
| DOI – Date of Injury       |                                 |                             |

- Total all hours actually worked in each week and add total hours in total hours column
- Add all weeks together to determine total hours for weeks shown
- Add numbers into the formula below the calendar to determine the daily rate of the part-time employee