Calendar of Wages Paid

To be completed for all employees filing for workers' compensation benefits.

Employee Name: _____ BWC Claim #: _____

Employer: _____ Date of Injury: _____

Date employee last worked: _____ Date employee returned to work: _____

Employee has filed for: _____ OIL _____ Salary Continuation
_____ WC - TTD _____ DAS - Disability Benefits

On the calendar below, starting with the date of injury, please indicate the type of leave used on each day.
ONLY use the codes listed below

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

For the period of: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Printed Name of Preparer:	Phone #:
Signature of Preparer:	Date:

NOTICE: Failure to complete a *Calendar of Wages Paid* for all workers' compensation claims, especially requests for Occupational Injury Leave and Salary Continuation, may result in the delay of benefits to the injured workers.

Once completed, fax directly to CompManagement, DAS' Third Party Administrator at 614.764.1749