

# Instructions for Completing the Part-time Employment Calculation Report for SC or OIL Benefits

This report must be submitted with all requests for Salary Continuation (SC) or Occupational Injury Leave (OIL) 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 the 6 weeks prior to the date of injury, capture the employee's work schedule for every day of the week, including work hours, regularly scheduled days off and any leave time taken.

Dates should appear in the small box and time worked or taken should appear in the larger box (see example below).

5/12		5/13		5/14		5/15		5/16	
	R		8.0		4.0 PL 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 |
| CT – Comp Time             | LOA – Leave of Absence          | S – Sick Leave              |
| DL – Donated Leave         | OIL – Occupational Injury Leave | SC – Salary Continuation    |
| DOI – Date of Injury       | PL – Personal Leave             | V – Vacation                |

- For each week, add all hours actually worked and put the total weekly hours in the last column
- Add total weekly hours together to determine total hours for the weeks listed
- Input the numbers into the formula below the calendar to determine daily hours of the part-time employee
- The maximum number of hours per week a part-time employee can receive is **39.9 hours**. Exceptions may occur the week of the injury.



# State of Ohio

## Part-time Employment Calculation Report for SC or OIL Benefits

This must be submitted with all requests for Salary Continuation (SC) or Occupational Injury Leave (OIL) benefits for employees who were employed part-time for six weeks prior to the date of injury. Only completed weeks will be considered. Fax the form to the Third Party Administrator at **614-764-1749**.

Employee's Name: _____							Date of Injury: _____	
							BWC Claim #: _____	
Complete the calendar for six (6) weeks prior to the date of injury.								<b>TOTAL WEEKLY HOURS</b>
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
<b>Total Hours</b> (for weeks listed)								

Total Hours \_\_\_\_\_ divided by \_\_\_\_\_ # Weeks = \_\_\_\_\_ Average Weekly Hours

Average Weekly Hours \_\_\_\_\_ divided by 7 days = \_\_\_\_\_ Daily Hours (round to nearest ½ hr)

Daily Hours \_\_\_\_\_ is the part-time benefit hours used for this claim

Signature of Preparer: _____	Phone #: _____	Date: _____
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**NOTICE:** Failure to accurately complete a *Part-time Employment Calculation Report* for part-time employees filing for SC or OIL benefits may result in a delay of benefits.