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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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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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)

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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)

			WAGE STA	TEMENT			RECEIVED BY CLA	IMS-HANDLING ENITY
	F			F FINANCIAL S				
	r or claim-handling			the information contain d, contact the Division'				
LEASE	PRINT OR TYPE							w
				EMPLOYEE NAME (F			DATE OF ACCIDENT	(Month-Day-Year)
				Injured Employee	e A		03/16/2018	
nderso	ER NAME & ADDRES on Grocers at Gaines Street ssee, FL 32399	S		CONCURRENT EMP	LOYER NAME & ADDRE	ESS (If applicable)	ARE THE WAGES LISTOR A SIMILAR EMPLOYEE SIMILAR EMPLOYEE Employee B	LOYEE?NO
ELEPHO	ONE			TELEPHONE			OCCUPATION OF SI	MILAR EMPLOYEE
50) 86	7-5309						Cashier	
EMPL	OYEE'S CUSTOMAR	Y WORK WEEK	EMPLOYEE	S CUSTOMARY DRKED/WEEK	EMPLOYEE'S	CUSTOMARY	EMPLOYER'S CUS	TOMARY WORK WEEK
Monda	y - Friday		5	JRKELIWEEK	40	RKELVWEEK	Saturday-Friday	,
	turday tiru Friday - Use 7 i	calendar day period)		days /weeki	(ex. 40 ho	iurs / week)	(ex. Saturday thru Friday -	Use 7 calendar day period)
	eport Any Wages Earr	ned During The Week		turday) immediately pred he 13 Calendar Weeks Im		GRATUITIES AS REPORTED TO THE	EMPLOYE	FITS (employee redd) R COST ONLY
MEEK NO.	FROM	EK TO	# 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			
3	12/31/2017	01/04/2018	5	40	525.00			
4	01/07/2018	01/11/2018	5	40	525.00			
5	01/14/2018	01/18/2018	5	40	525.00			
6	01/21/2018	01/25/2018	5	40	525.00			la constant
7	01/28/2018	02/01/2018	5	40	525.00			
8	02/04/2018	02/08/2018	5	40	525.00			9
9	02/11/2018	02/15/2018	5	40	525.00			
10	02/18/2018	02/22/2018	5	40	525.00			
11	02/25/2018	03/01/2018	5	40	525.00			
12	03/04/2018	03/08/2018	5	40	525.00			
13	03/11/2018	03/15/2018	5	40	525.00			
**								1
ETURN Claims-h	THIS FORM TO: nandling entity Name	, Address & Telephor	ne #)	TOTAL	6825.00		WILL EMPLOYER CO PROVIDE ABOVE BE	NTINUE TO NEFITS?
							YES NO	YES, NO
						т	OTAL FRINGE BENEFITS	\$ 0.00
					TOTAL	OF GROSS PAY, GR.	ATUITIES AND FRINGES	
				(F	FOR CLAIMS-HANDLING	ENTITY USE ONLY)	525.00	GOMP RATE 350.02
ny pers	on who, knowingly a nisleading informatio	and with intent to inju	re, defraud, or deceivers fraud, punishable as	e any employer or empl provided in s. 817.234.	oyee, insurance compa Section 440.105(7), F.S	any, or self-insured pr	The second second	25.7702504

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

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

Employees hourly rate of pay: \$10

There is no similar employee.

Employment date: 03/10/18



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 OIL	TEMENT			RECEIVED BY CLA	
	F			F FINANCIAL S				
MOTICE Imploye 342-174	er or claim-handling	If you have any entity. If further a	questions about t ssistance is needed	the information contain d, contact the Division's	ned on this form, p is Employee Assistan	lease contact your nce Office at 1-800-		
PLEASE	PRINT OR TYPE			Company of the same of			LOSTE OF LOOKEST	
				EMPLOYEE NAME (F			DATE OF ACCIDENT	(Month-Day-Year)
				Injured Employee	e A		03/16/2006	
	ER NAME & ADDRES	S			LOYER NAME & ADDRE	ESS (If applicable)	ARE THE WAGES LIS FOR A SIMILAR EMP	STED BELOW LOYEE?
	g, FL 34509			Two Egg Cab Dri 12345 Salad Lan	ie		_ / _v	NO
				Two Egg, FL 345	509		SIMILAR EMPLOYEE	SNAME
							E.E. Employee	
TELEPH	ONE			TELEPHONE			OCCUPATION OF SI	MILAR EMPLOYEE
	67-5309						Administrative As	
EMP	LOYEE'S CUSTOMAR	Y WORK WEEK	EMPLOYEE DAYS W	S CUSTOMARY DRKEDWEEK	EMPLOYEE'S HOURS WO	S CUSTOMARY DRKED/WEEK	EMPLOYER'S CUS	TOMARY WORK WEEK
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				turday) immediately prec he 13 Calendar Weeks Im		GRATUITIES AS REPORTED TO THE	EMPLOYE	RCOSTONLY
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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.



