



WAGE REIMBURSEMENT REQUEST FORM – FIRST 26 WEEKS OF INCAPACITY

Claim Number:		Date of Injury:	
Worker Name:		Employer:	

Date From	Date To	APIWE	Average Pre-Injury Hours Worked Per Week	Partial Incapacity – Hours (Working Reduced Hours, Number of Hours being Worked)	Partial Incapacity – Total Payable (Total Payable for Actual Hours Worked)	Partial Incapacity Claim (Difference Between APIWE and Current Amount Payable for Hours Worked)	Total Incapacity Claim (APIWE)

**Entitlement is APIWE – Average pre-injury weekly earnings (includes overtime where overtime worked was regular and as part of an established pattern.*

Employer Representative Signature:	Employer Representative Position:	Date:
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PLEASE ENSURE A CERTIFICATE OF CAPACITY COVERING THE PERIOD BEING CLAIMED HAS BEEN SUBMITTED PREVIOUSLY OR IS SUBMITTED WITH THIS REIMBURSEMENT CLAIM

PERCENTAGES

The relevant percentage is:

- a) if the worker is not working, or works 25% of the worker's average pre-incapacity weekly hours or less, entitlement is 65%
- b) if the worker is working more than 25% of average pre-incapacity weekly hours but not more than 50%, entitlement is 75%
- c) if the worker is working more than 50% of average pre-incapacity weekly hours but not more than 75%, entitlement is 85%
- d) if the worker is working more than 75% of average pre-incapacity weekly hours but not more than 85%, entitlement is 95%
- e) if the worker is working more than 85% of the worker's pre-incapacity hours, entitlement is 100%

Note: Statutory Floor is the national minimum wage set by a national minimum wage order in an annual wage review by Fair Work Australia under the Fair Work Act 2009 (Cth)