

PAYROLL BENEFIT ANAYSIS (BI-WEEKLY)

Employee Name:			ate of Injury:		
Pay Period:	ay Period: Claim Number:				
Data of Day On Data of	Latinas a				
Rate of Pay On Date of	injury:			<u> </u>	
Date:	Hours Missed:	Missed Work Code:	Hours Supplemented:	Supplement Code:	
(TPD only) Gross Wages	s Paid by Employer:				
			**********	******	
Deschation Manager O					
Resolution Manager O Injured Worker's Average	_				
Workers' Compensation	Benefit Paid:				
		□ Wait Period Me	et □ Retro Pa	y Paid	
Wait Period Dates:					
wait i choa bates.					

Supplement Codes:

COM - Comp Time

VAC - Vacation

IL – Injury Leave

S – Sick

Revised 2/16/18

Missed Work Codes:

DN - Doctor's Note

MA - Medical Appointment

NLD - No Light Duty Available

HOL – Paid Holiday

PI – Personal Illness(not work comp