



# Claim for time off work/Period of reduced earnings

## Guidelines for completing the form

This form is used to claim compensation for time off work from Comcare by injured workers who continue to be employed by the Commonwealth or ACT Government. A claim for compensation must be made by the injured worker and submitted to Comcare by the injured worker's current employer.

### Injured Worker must complete:

- Personal details: Family name, given name, claim number, date of birth and employer details. **Note:** Employer details are particularly important if you have changed employers in the course of your claim.
- Reason(s) for absence and period of absence claimed
- Sign and date the form
- Obtains signature from supervisor/Case Manager. **Note:** This confirms that they are aware of your capacity for work

### Employer/Personnel/Pay Area must complete:

- Normal Weekly Earnings and Normal Weekly Hours (if necessary specifying overtime)
- Effective date, shift penalties and any allowances
- Comments field if the form is requesting a re-determination of an already determined period

### First 45 Weeks of Compensation Leave

During the first 45 weeks of compensation leave part day periods of total incapacity can be entered on the form as part days, whole days and whole weeks unless time off work is being claimed due to a combination of factors. **See:** 'Graduated return to work' (GRTW) and 'Periods of reduced earnings' for further information on how to complete the form in this circumstance.

### Reaching 45 Weeks

When an injured worker has reached the 45 week total the employer should complete the line entry for that week on the form as per normal. The employer does not need to split the pre and post-45 week period on the form.

### Post-45 Weeks of Compensation Leave

When a claim has exceeded 45 weeks of incapacity this form must be submitted in whole week periods only. If this does not occur the injured worker may not receive their correct percentage of normal weekly earnings (NWE) if they are not working their full hours. **See:** ss19(3)(a) to (e) of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act).

### Graduated return to work and periods of reduced earnings

Where time off work is being claimed due to a combination of factors (graduated return to work) periods should be submitted to Comcare in a whole week indicating the hours the employee worked in that week and any salary received. This applies even if the period claimed is less than a week. Where Actual Weekly Hours varies from week to week these must be reported as separate periods.

### Periods of other leave post-45 weeks

Where an injured worker has taken other leave on day(s) or part day(s) they would otherwise have worked as part of their GRTW (i.e. sick/recreational/annual leave), the employer should complete the 'actual weekly hours/mins worked' and 'actual earnings' columns as though the employee had been at work for those periods.

### Public holidays

It is an employer's responsibility to pay an employee for a public holiday based on the conditions in the agency's enterprise bargaining agreement. Comcare will treat public holidays as 'hours worked' by the injured worker; this has the effect of increasing an employee's adjustment percentage post-45 weeks. While it is the employer's responsibility to pay an employee for a public holiday if a claim for compensation is made for a period spanning a public holiday Comcare will action the claim as made.

### Supporting medical evidence

Claims for time off work must be accompanied by supporting medical evidence. This can be in the form of a medical certificate, treatment attendance certificate or something similar.

### Changes to NWE

Comcare is responsible for determining and adjusting an injured worker's NWE. If an injured worker's NWE changes during a week the agency should complete the line entry on the form in the normal manner. The new NWE and date of effect must be recorded on the form under section (a) even if there has been no change since the last form. Comcare will process the claim for that week having regard to the previous and new NWE amounts. If it is not possible to update the injured worker's NWE the employer and the injured worker will be advised of this.

### Changes to NWH

An injured workers normal weekly hours are determined based on the hours they worked in the relevant period before their injury. There is no provision in the SRC Act that allows for an injured workers hours to be adjusted based on post injury circumstances.

### Definitions

<p><b>Actual Week Earnings</b></p> <p>The weekly amount the injured worker actually earned in the week(s) claimed.</p> <p><b>Actual Weekly Hours</b></p> <p>The hours the employee actually worked in the week(s) claimed.</p> <p><b>Compensation liability amount</b></p> <p>The total amount owed to the injured worker for the week(s) claimed. This does not have to be entered/calculated in order for Comcare to process the form.</p>	<p><b>Duration/standard or rostered hours</b></p> <p>The weeks/hours/minutes within the claimed period the injured worker would work if they didn't have their injury. If the injured worker is not working the same hours every day the duration must be reported in hours and minutes.</p> <p><b>Normal Weekly Earnings (NWE)</b></p> <p>The amount obtained by multiplying the injured worker's average number of hours worked in a week by their average hourly ordinary time rate of pay plus any allowances. NWE may also include an amount of regular and required overtime. This should be included at (a) and separately identified at (b).</p>	<p><b>Normal Weekly Hours</b></p> <p>Average number of hours/minutes worked in each week by the employee during the relevant period.</p> <p><b>Period(s)</b></p> <p>The times and dates within which the absence occurred.</p> <p><b>Week</b></p> <p>A period of seven consecutive days consistently applied, i.e. Monday–Sunday, Thursday–Wednesday.</p> <p><b>45 week total</b></p> <p>The cumulative total of the employee's previous weeks of compensation leave.</p>
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Australian Government

Comcare

Family Name

Comcare Claim Number

# Claim for Time off Work Period of Reduced Earnings

Given name(s)

Date of birth

Employer

### Reason(s) for Absence

- Totally unfit for work *(Attach a Medical Certificate)*
- Leave to obtain medical treatment *(Attach a Certificate of Attendance)* Type of treatment received:
- Period of reduced earnings *(Attach a Medical Certificate)*
- Graduated return to work *(Attach a Medical Certificate)*
- Permanently redeployed

Deemed able to earn

### Periods of Absence claimed

(Note: Leave can only be claimed for standard hours of duty)

From ..... am ..... pm ...../...../..... To ..... am ..... pm ...../...../.....

Total period claimed ..... weeks ..... hours ..... mins

Signature of claimant

Date

Telephone number of claimant

Signature of supervisor

Date

Printed name of supervisor

Telephone number of supervisor

### Privacy and your personal information

Comcare uses the information on this form to assist it in managing your claim for workers' compensation. The collection, storage and release of the information you have provided is protected under the *Privacy Act 1988*. Comcare only gives this information to someone else in special circumstances where Commonwealth legislation allows or requires it, or where you give your permission.

### Employer/Personnel/Pay Area to complete

Redetermination request for claim(s) previously submitted to Comcare?	Period(s) in which the partial or total absence from work occurred <sup>(1)</sup>		Duration (standard/rostered hours/minutes for each period)			Actual weekly hours/mins worked  (Enter total for the whole week)	Actual earnings  (Salary paid for Actual Wks/Hrs/Mins)	Compensation liability amount for each period <sup>(2)</sup>
	From	To	Wks	Hrs	Mins			
Yes / No.....	..... am/pm	..... am/pm						
Yes / No.....	..... am/pm	..... am/pm						
Yes / No.....	..... am/pm	..... am/pm						
Yes / No.....	..... am/pm	..... am/pm						

- (1) periods should be submitted as **whole weeks** for all GRTW programs & any Total Incapacity claims where the Incapacity Total has exceeded 45 weeks.
- (2) recommended for claims involving overtime, rostered hours or shift work.

(a) What are the employee's Normal Weekly Hours and Normal Weekly Earnings for the above periods, as calculated in accordance with the SRC Act?

NW Hrs (including overtime hours)	NWE	Effective from
.....	\$.....	...../...../.....

(b) Does the NWE figure include any amounts for: *(please indicate)*

- Overtime ..... \$..... Hrs Mins
- Shift penalties ..... \$.....
- Allowances (e.g. HDA) ..... \$.....

Comments

Completed by: Printed name

Phone No.

Signature

Date