



Australian Government

Comcare

RECORD OF EARNINGS/CLAIM FOR INCAPACITY FOR WORK STATEMENT OF HOURS WORKED IN SELF-EMPLOYMENT

In calculating your compensation payments for any period that you claim your work capacity was restricted by your compensable injury, Comcare must take into account your 'ability to earn' or 'actual earnings', whichever is greater.

For self-employment, Comcare calculates your ability to earn based on the number of hours and minutes you worked and the hourly 'value' of your labour. You should have received separate advice from Comcare regarding the assessment of your ability to earn. Actual earnings is the amount of income that you earned in self-employment or any other paid employment.

Comcare must calculate your compensation payment week by week on a full 7 day week basis. Please note that Comcare is concerned with the period/dates worked, not when you were paid. It is important to complete the form after each work day, not prior.

Please send this form to Comcare as soon as you have completed working the weeks indicated. You will require a current medical certificate demonstrating restricted work capacity for the period claimed. If your employment situation changes or you will not be undertaking further employment please contact Comcare as soon as possible.

PRIVACY INFORMATION

Your privacy is important to us. For information about how we handle your personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.

Name Claim number Phone (bus hours)

Position and tasks

All sections must be completed, including Saturday and Sunday. Do not leave any spaces blank. Enter '0' if not working. Do not use decimal hours/minutes. ****IMPORTANT**** you must include paid sick leave, recreation leave and public holidays etc.

Week 1	DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL hours and minutes	GROSS actual earnings
	HRS : MINS	:	:	:	:	:	:	:	:	\$
Week 2	DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL hours and minutes	GROSS actual earnings
	HRS : MINS	:	:	:	:	:	:	:	:	\$

I claim the above periods of partial or total incapacity for work are attributable to my compensable injury. I affirm that the information provided on this form and in any attachments is correct and accurately reflects the hours I worked for the weeks indicated. I am aware that intentionally providing false, misleading or incomplete information may result in a recoverable overpayment and may be considered a criminal offence.

Signature Date

PLEASE NOTE: Comcare's cut off for processing is the Wednesday of the non-pay week prior to your payday. Failure to provide your record of earnings form by midday on that Wednesday may result in delayed payments. Urgent pays can only be made where there is evidence of extreme financial hardship.

