



Australian Government

Comcare

# RECORD OF EARNINGS/CLAIM FOR INCAPACITY FOR WORK STATEMENT OF HOURS WORKED AND GROSS WEEKLY EARNINGS IN PAID 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 .

Your actual earnings is income earned in all paid employment, including: self-employment, paid sick leave, recreation leave and Public Holidays, as well as overtime, shift penalties or allowances. 'Expense' allowances for cars, tools or uniforms etc are not included. If Comcare has determined your ability to earn is greater than your actual earnings, you will have already received separate written advice.

Please note: gross actual earnings refers to the total pre-tax amount you earned during a 7 day week. If you did not have any actual earnings for the week, please indicate in the space provided, that your total hours and minutes and gross actual earnings were zero.

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—including attaching payslips or other written evidence confirming your earnings. You will require a current medical certificate demonstrating restricted work capacity to cover any 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](http://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)

Current employer  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 is correct and accurately reflects the hours worked and any earnings from all paid employment for the weeks indicated. I confirm I have attached payslips or other written evidence to support my claim. 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  Payslip/evidence attached  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 payslips and 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.**

