|  |  |  |  |
| --- | --- | --- | --- |
| Worker Name: |       | Date of Injury: |      /     /      |
| Please complete the following table to allow accurate calculation of the workers pre-injury average weekly earnings (PIAWE). Please also provide the following evidence; 52 week pay summary, payslip from the week of injury, contract of employment and return to work plan within 7 days of the injury notification. |
| **Employment and Earnings Status Prior to the Injury** |
| 1. Employment Type:
 |  |
| 1. Employment Date:
 |      /     /      |
| 1. Fair Work Instrument:
 | [ ]  Yes  | [ ]  No |
| 1. Name
 |       |
| 1. Level / Grade
 |       |
| 1. Contract of Employment:
 | [ ]  Yes  | [ ]  No |
| 1. Name and Date:
 |           /     /      |
| 1. First Day of Pay Week:
 |       |
| 1. Base Rate(s) of Pay:
 | $       per hour | Department:       |
| 1. Average Hours:
 |       per week |
| 1. Were there any non-pecuniary benefits?

*e.g. motor vehicle, residential accommodation, health insurance, education fees etc.* | [ ]  Yes  | [ ]  No |
| 1. Does the worker receive an annual wage increase?
 | [ ]  Yes  | [ ]  No | When: |       |
| 1. Period of unpaid leave taken during the relevant period
 |       weeks |
| 1. Does the worker have concurrent employment?
 | [ ]  Yes  | [ ]  No |
| 1. **Other Factors: in the 52 weeks PRIOR to the injury, had the worker:**
 |
| 1. Voluntarily changed hours resulting in reduced earnings?
 | [ ]  Yes  | [ ]  No | When: |       |
| 1. Been promoted or appointed to a new position?
 | [ ]  Yes  | [ ]  No | When: |       |
| 1. Had leave paid out:
 | [ ]  Yes  | [ ]  No | When: |       |
|  | Type: |  |
|  | If Other, type? |       |
|  | When: |  |
|  | Type: |  |
|  | If Other, type? |       |
| 1. **Other Factors: AT THE TIME OF THE INJURY, was the worker:**
 |
| 1. Under 21 years of age?
 | [ ]  Yes  | [ ]  No |
| 1. An apprentice?
 | [ ]  Yes  | [ ]  No |
| 1. In a contract where the rate was due to increase after the successful completion of training or exams?
 | [ ]  Yes  | [ ]  No |
| 1. Waiting to take up a new position following a promotion?
 | [ ]  Yes  | [ ]  No |

**Please complete the following table for the WEEK OF INJURY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |       |       |       |       |       |       |       |
| **Hours worked** |       |       |       |       |       |       |       |
| **Amount Earned ($)** |       |       |       |       |       |       |       |

*Example: where Date of Injury is Tuesday 3rd and pay cycle is Sunday to Saturday*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | Sun 1st | Mon 2nd | Tue 3rd | Wed 4th | Thu 5th | Fri 6th | Sat 7th |
| **Hours worked** | - | 8 | Worked 4 Unfit 4 | Unfit 8 | Unfit 8  | Unfit 8 | - |
| **Amount Earned ($)** | - | 200 | 100 | 0 | 0 | 0 | - |

**Evidence attached:**

|  |  |  |
| --- | --- | --- |
| [ ]  Pay records | [ ]  Fair work instrument | [ ]  Contract of employment |
| [ ]  Evidence of change of employment status *e.g. reduced hours, change in role or promotion* | [ ]  Payslip from the week of the injury | [ ]  Return to Work (RTW) Plan |

|  |
| --- |
| **Additional Information to be gained (if relevant to the claim)** |
| 1. Non-pecuniary benefits:
 | Date commenced: |      /     /      |
| Type: |       |
| Value per week: | $      |
| Evidence attached: |       |
| 1. Salary sacrifice:
 | Type: |       |
| Amount per week: | $      |
| Evidence attached: |       |
| 1. Under 21 years of age:
 | Dated and amounts of pay increase expected had it not been for the injury      |
| 1. An apprentice:
 | Dated and amounts of pay increase expected had it not been for the injury      |
| 1. Details of voluntary change in hours and resultant reduction to earnings:
 | Details: |       |
| Date of commencement: |      /     /      |
| Pre-tax salary or relevant rates / expected hours following voluntary reduction      |
| 1. Details of a new position following a promotion:
 | Details: |       |
| Date of commencement: |      /     /      |
| Pre-tax salary or relevant rates / expected hours for the new role       |
| 1. Details of concurrent employment:
 | Other employer: |       |
| Position: |       |
| Average earnings: | $       per week |
| Average hours: | $       per week |
| Current earnings: | $       per week |
| 1. Other relevant information:
 |       |
|       |

**Please complete and return this form to Hotel Employers Mutual:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** info@hotelemployersmutual.com.au

**:** 02 8351 9495