|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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](mailto:info@hotelemployersmutual.com.au)

**:** 02 8351 9495