

AWW Scenarios

Maine Workers' Compensation Board

Open Training

Revised 1/20/15

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX -XX-		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: Road construction/paving		8. EMPLOYEE LAST NAME:		9. FIRST NAME: Arthur	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: 11/5/14	17. DESCRIPTION OF INJURY:		

18. DOES EMPLOYEE WORK CONCURRENTLY FOR ANOTHER EMPLOYER?
 IF YES, GIVE NAME(S): _____
 NOTE: THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FOR EACH ADDITIONAL EMPLOYER.
 YES NO

19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?
 NOTE: THE EMPLOYER SHALL RECALCULATE THE AVERAGE WEEKLY WAGE IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))
 YES NO

20. LIST GROSS EARNINGS FOR EACH WEEK:

WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS
1	11/15/13	1373.13	19	3/21/14	0	37	7/25/14	1035.86
2	11/22/13	941.70	20	3/28/14	1277.00	38	8/1/14	1086.45
3	11/29/13	1122.05	21	4/4/14	1226.95	39	8/8/14	1022.32
4	12/6/13	1419.25	22	4/11/14	1258.10	40	8/15/14	1299.48
5	12/13/13	0	23	4/18/14	1175.36	41	8/22/14	1269.03
6	12/20/13	0	24	4/25/14	1353.58	42	8/29/14	854.57
7	12/27/13	0	25	5/2/14	1325.27	43	9/5/14	906.83
8	1/3/14	0	26	5/9/14	1278.45	44	9/12/14	1195.36
9	1/10/14	0	27	5/16/14	1020.94	45	9/19/14	1205.01
10	1/17/14	0	28	5/23/14	1163.51	46	9/26/14	1045.87
11	1/24/14	0	29	5/30/14	1346.93	47	10/3/14	1006.49
12	1/31/14	0	30	6/6/14	1250.33	48	10/10/14	1003.26
13	2/7/14	0	31	6/13/14	1339.25	49	10/17/14	1290.25
14	2/14/14	0	32	6/20/14	881.57	50	10/24/14	1025.18
15	2/21/14	0	33	6/27/14	1103.21	51	10/31/14	1283.92
16	2/28/14	0	34	7/4/14	970.91	WK OF INJURY	11/7/14	1265.77
17	3/7/14	0	35	7/11/14	1021.92	21. TOTAL EARNINGS \$		43,040.88
18	3/14/14	0	36	7/18/14	1395.82	22. GROSS AVERAGE WEEKLY WAGE \$		827.71

23. COMMENTS:

Employee is laid off in the winter months every year as there is no work.

AWW = \$43,040.88 divided by 52 = \$827.71.

Wage statements for two comparable employees enclosed.

24. PREPARER NAME (TYPE OR PRINT):		25. TELEPHONE NUMBER: ()		26. DATE MAILED:	
E-MAIL ADDRESS:		TOLL-FREE NUMBER: ()		MM / DD / YYYY	

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:			6. SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX -XX-			7. WCB FILE NUMBER:			
2. EMPLOYER NAME: Securities sales			8. EMPLOYEE LAST NAME:			9. FIRST NAME: Duncan		10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:			11. ADDRESS-NUMBER AND STREET:						
4. INSURER NAME:			12. CITY:		13. STATE:		14. ZIP:	15. HOME PHONE:	
5. INSURER MAILING ADDRESS:			16. DATE OF INJURY: 11/5/14		17. DESCRIPTION OF INJURY:				
18. DOES EMPLOYEE WORK CONCURRENTLY FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): _____ NOTE: THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FOR EACH ADDITIONAL EMPLOYER.				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? NOTE: THE EMPLOYER SHALL RECALCULATE THE AVERAGE WEEKLY WAGE IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20. LIST GROSS EARNINGS FOR EACH WEEK:									
WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	
1	11/15/13	800.00	19	3/21/14	850.00	37	7/25/14	850.00	
2	11/22/13	800.00	20	3/28/14	850.00	38	8/1/14	850.00	
3	11/29/13	800.00	21	4/4/14	850.00	39	8/8/14	850.00	
4	12/6/13	800.00	22	4/11/14	850.00	40	8/15/14	850.00	
5	12/13/13	800.00	23	4/18/14	850.00	41	8/22/14	850.00	
6	12/20/13	3900.00	24	4/25/14	850.00	42	8/29/14	850.00	
7	12/27/13	800.00	25	5/2/14	850.00	43	9/5/14	850.00	
8	1/3/14	800.00	26	5/9/14	850.00	44	9/12/14	850.00	
9	1/10/14	800.00	27	5/16/14	850.00	45	9/19/14	850.00	
10	1/17/14	800.00	28	5/23/14	850.00	46	9/26/14	850.00	
11	1/24/14	800.00	29	5/30/14	850.00	47	10/3/14	850.00	
12	1/31/14	800.00	30	6/6/14	850.00	48	10/10/14	850.00	
13	2/7/14	800.00	31	6/13/14	850.00	49	10/17/14	900.00	
14	2/14/14	800.00	32	6/20/14	4450.00	50	10/24/14	900.00	
15	2/21/14	800.00	33	6/27/14	850.00	51	10/31/14	900.00	
16	2/28/14	800.00	34	7/4/14	850.00	WK OF INJURY	11/7/14	900.00	
17	3/7/14	800.00	35	7/11/14	850.00	21. TOTAL EARNINGS		\$ 56,500.00	
18	3/14/14	800.00	36	7/18/14	850.00	22. GROSS AVERAGE WEEKLY WAGE		\$ 1086.54	
23. COMMENTS: Week end 12/20/13 includes semi-annual sales incentive bonus of \$3,100.00. Week end 6/20/14 includes semi-annual sales incentive bonus of \$3,600.00. AWW = \$56,500/52 = \$1,086.54									
24. PREPARER NAME (TYPE OR PRINT):				25. TELEPHONE NUMBER: ()			26. DATE MAILED:		
E-MAIL ADDRESS:				TOLL-FREE NUMBER: ()			MM / DD / YYYY		

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX -XX-		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: Commissioned salesman		8. EMPLOYEE LAST NAME:		9. FIRST NAME: Edson	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: 11/5/14	17. DESCRIPTION OF INJURY:		

18. DOES EMPLOYEE WORK CONCURRENTLY FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): _____ NOTE: THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FOR EACH ADDITIONAL EMPLOYER.	19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? NOTE: THE EMPLOYER SHALL RECALCULATE THE AVERAGE WEEKLY WAGE IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20. LIST GROSS EARNINGS FOR EACH WEEK:

WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS
1	11/15/13	472.00	19	3/21/14	687.00	37	7/25/14	453.00
2	11/22/13	555.00	20	3/28/14	537.00	38	8/1/14	570.00
3	11/29/13	661.00	21	4/4/14	537.00	39	8/8/14	622.00
4	12/6/13	624.00	22	4/11/14	497.00	40	8/15/14	492.00
5	12/13/13	592.00	23	4/18/14	654.00	41	8/22/14	22.00
6	12/20/13	671.00	24	4/25/14	673.00	42	8/29/14	630.00
7	12/27/13	603.00	25	5/2/14	696.00	43	9/5/14	456.00
8	1/3/14	550.00	26	5/9/14	584.00	44	9/12/14	596.00
9	1/10/14	640.00	27	5/16/14	552.00	45	9/19/14	579.00
10	1/17/14	481.00	28	5/23/14	453.00	46	9/26/14	693.00
11	1/24/14	523.00	29	5/30/14	629.00	47	10/3/14	487.00
12	1/31/14	597.00	30	6/6/14	466.00	48	10/10/14	551.00
13	2/7/14	674.00	31	6/13/14	616.00	49	10/17/14	481.00
14	2/14/14	681.00	32	6/20/14	579.00	50	10/24/14	523.00
15	2/21/14	571.00	33	6/27/14	479.00	51	10/31/14	589.00
16	2/28/14	515.00	34	7/4/14	653.00	WK OF INJURY	11/7/14	668.00
17	3/7/14	699.00	35	7/11/14	615.00	21. TOTAL EARNINGS \$		29,419.00
18	3/14/14	459.00	36	7/18/14	532.00	22. GROSS AVERAGE WEEKLY WAGE \$		576.41

23. COMMENTS:

Week end 8/22/14 EE out sick all but two hours, had no sick pay available, excluded from AWW calculation.
 AWW = (\$29,419.00 - \$22.00) / 51 = \$576.41

24. PREPARER NAME (TYPE OR PRINT):		25. TELEPHONE NUMBER: ()		26. DATE MAILED:	
E-MAIL ADDRESS:		TOLL-FREE NUMBER: ()		MM / DD / YYYY	

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX -XX-		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: Factory		8. EMPLOYEE LAST NAME:		9. FIRST NAME: Sarah	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: 11/5/14	17. DESCRIPTION OF INJURY:		

18. DOES EMPLOYEE WORK CONCURRENTLY FOR ANOTHER EMPLOYER?
 IF YES, GIVE NAME(S): _____
 NOTE: THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FOR EACH ADDITIONAL EMPLOYER.
 YES NO

19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?
 NOTE: THE EMPLOYER SHALL RECALCULATE THE AVERAGE WEEKLY WAGE IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2)).
 YES NO

20. LIST GROSS EARNINGS FOR EACH WEEK:

WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS
1	11/15/13	472.00	19	3/21/14	687.00	37	7/25/14	453.00
2	11/22/13	555.00	20	3/28/14	537.00	38	8/1/14	570.00
3	11/29/13	661.00	21	4/4/14	537.00	39	8/8/14	622.00
4	12/6/13	624.00	22	4/11/14	497.00	40	8/15/14	492.00
5	12/13/13	592.00	23	4/18/14	654.00	41	8/22/14	681.00
6	12/20/13	671.00	24	4/25/14	673.00	42	8/29/14	726.00
7	12/27/13	603.00	25	5/2/14	696.00	43	9/5/14	734.00
8	1/3/14	550.00	26	5/9/14	584.00	44	9/12/14	781.00
9	1/10/14	640.00	27	5/16/14	552.00	45	9/19/14	816.00
10	1/17/14	481.00	28	5/23/14	453.00	46	9/26/14	836.00
11	1/24/14	523.00	29	5/30/14	629.00	47	10/3/14	784.00
12	1/31/14	597.00	30	6/6/14	466.00	48	10/10/14	726.00
13	2/7/14	674.00	31	6/13/14	616.00	49	10/17/14	787.00
14	2/14/14	681.00	32	6/20/14	579.00	50	10/24/14	765.00
15	2/21/14	571.00	33	6/27/14	479.00	51	10/31/14	725.00
16	2/28/14	515.00	34	7/4/14	653.00	WK OF INJURY	11/7/14	791.00
17	3/7/14	699.00	35	7/11/14	615.00	21. TOTAL EARNINGS \$		32,296.00
18	3/14/14	459.00	36	7/18/14	532.00	22. GROSS AVERAGE WEEKLY WAGE \$		762.67

23. COMMENTS:
 Effective week end 8/22/14 EE was promoted from production line to line manager at increased hourly rate.
 AWW = weeks 41 thru 52 divided by 12 = \$9,152.00/12 = \$762.67

24. PREPARER NAME (TYPE OR PRINT):		25. TELEPHONE NUMBER: ()		26. DATE MAILED:	
E-MAIL ADDRESS:		TOLL-FREE NUMBER: ()		MM / DD / YYYY	

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711. WCB-2 (eff. 1/1/13)

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX -XX-		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: Office		8. EMPLOYEE LAST NAME:		9. FIRST NAME: Nicole	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: 11/5/14	17. DESCRIPTION OF INJURY:		

18. DOES EMPLOYEE WORK CONCURRENTLY FOR ANOTHER EMPLOYER?
 IF YES, GIVE NAME(S): _____
 NOTE: THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FOR EACH ADDITIONAL EMPLOYER.

YES
 NO

19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?
 NOTE: THE EMPLOYER SHALL RECALCULATE THE AVERAGE WEEKLY WAGE IF/WHEN FRINGE BENEFITS CEASE (SEE RULE 1.5(2))

YES
 NO

20. LIST GROSS EARNINGS FOR EACH WEEK:

WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS	WK	WEEK ENDING	GROSS EARNINGS
1	11/15/13	472.00	19	3/21/14	687.00	37	7/25/14	453.00
2	11/22/13	555.00	20	3/28/14	537.00	38	8/1/14	570.00
3	11/29/13	661.00	21	4/4/14	537.00	39	8/8/14	622.00
4	12/6/13	624.00	22	4/11/14	497.00	40	8/15/14	492.00
5	12/13/13	592.00	23	4/18/14	654.00	41	8/22/14	382.00
6	12/20/13	671.00	24	4/25/14	673.00	42	8/29/14	464.00
7	12/27/13	603.00	25	5/2/14	696.00	43	9/5/14	328.00
8	1/3/14	550.00	26	5/9/14	584.00	44	9/12/14	407.00
9	1/10/14	640.00	27	5/16/14	552.00	45	9/19/14	339.00
10	1/17/14	481.00	28	5/23/14	453.00	46	9/26/14	387.00
11	1/24/14	523.00	29	5/30/14	629.00	47	10/3/14	382.00
12	1/31/14	597.00	30	6/6/14	466.00	48	10/10/14	344.00
13	2/7/14	674.00	31	6/13/14	616.00	49	10/17/14	475.00
14	2/14/14	681.00	32	6/20/14	579.00	50	10/24/14	413.00
15	2/21/14	571.00	33	6/27/14	479.00	51	10/31/14	454.00
16	2/28/14	515.00	34	7/4/14	653.00	WK OF INJURY	11/7/14	483.00
17	3/7/14	699.00	35	7/11/14	615.00	21. TOTAL EARNINGS \$		28,002.00
18	3/14/14	459.00	36	7/18/14	532.00	22. GROSS AVERAGE WEEKLY WAGE \$		404.83

23. COMMENTS:

Effective week end 8/22/14 EE took voluntary demotion from analyst to clerical position at decreased hours and rate.
 AWW = weeks 41 thru 52 divided by 12 = \$4,858.00/12 = \$404.83.

24. PREPARER NAME (TYPE OR PRINT):		25. TELEPHONE NUMBER: ()		26. DATE MAILED:	
E-MAIL ADDRESS:		TOLL-FREE NUMBER: ()		MM / DD / YYYY	