WORKSHEET FOR TEMPORARY PARTIAL DISABILITY

The provision of the claimant's social security number is mandatory under Wisconsin Statutes and will be used to identify the claimant. Failure to provide it may result in penalties or delayed payment of benefits.
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

WC Claim Number	Employee Name
Employee Social Security Number	Employer Name
Injury Date	Insurance Company Name (not adjusting company)

Each period of Temporary Partial Disability (TPD) is to be entered as a line of compensation on the WKC-13-E. Use this form only to verify the TPD rate.

Figure TPD on a weekly basis, Sunday to Saturday.

This worksheet is provided for informational use only by Insurance Companies, Self-Insurers and Third Party Administrators.
Data must be submitted through the Worker's Compensation Pending Reports Internet Application

Are the wages reported in column 4 below from the job the employee had at the time of injury? ☐ Yes ☐ No
If Yes, compute and pay TPD using the "actual" wages in column 5 below that were used to set the TTD rate.
If No, are the earnings from a second job that was held at the time of injury? ☐ Yes ☐ No
*(Use "expanded wages in column 5 below if earnings were from a 2nd job held at the time of injury and expanded wages were used to set the TTD rate)
Note: If earnings were not from the same job held at the time of injury or were from another full-time or part-time job held at the time of injury and "expanded" wages were not used to set the TTD rate, pay TTD, not TPD.

1	2	3	4	5	6	7	8	9
Week Ending	Hours Emp. Worked	At Hourly Rate	Wages Earned	Weekly Wage at Time of Injury	Wage Loss	% of Wage Loss	TTD Rate	TPD Rate
TOTAL								