

## After 26 Weeks Wage Reimbursement Form

Claim Number: \_\_\_\_\_

Injured Worker: \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Number of Working:  
(Days/hours employer is claiming for when worker has not been at work)

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

1. Normal Weekly Earnings:  
(As per our letter) \$ \_\_\_\_\_

2. Less Earnings:  
(Amount paid for hours worked) \$ \_\_\_\_\_

3. Balance:  
(1-2=) \$ \_\_\_\_\_

4. Balance x 75% or 90% \$ \_\_\_\_\_

The worker has now received weekly payments for 26 weeks.  
Pursuant to Section 65 of the *Return to Work Act 1986*, the worker is now entitled to compensation equal to 75% of his/her loss of earning capacity or 90%, whichever is the lesser amount.

Employer Paid the Worker (2+4) \$ \_\_\_\_\_

**Please reimburse** \$ \_\_\_\_\_ **as indicated above.**  
Balance (#4)

Signature \_\_\_\_\_ Date \_\_\_\_\_