Directions for Using the Employer’s Wage Statement Form

Departments must use the wage statement form to provide the employee’s average weekly wage to establish benefits due to the employee or a beneficiary as a result of a compensable workplace injury or illness. In general, an employee is eligible for wage replacement benefits on the employee’s eighth day of disability resulting from the workplace injury/illness.

The average wage is based on the wages the employee earned in the 13 weeks prior to the date of injury or illness. “Wages” include all forms of compensation, including fringe benefits such as health benefits, stipends for clothing and uniforms, fuel allowances, etc.

I. Employee and Employer Information

Employee Information
- Provide the requested information including the employee's date of hire and date of injury.
- Check the applicable boxes regarding the employee’s return to work date with or without restrictions.

Employer Information
- Employer’s Business Name should be listed at the Human Resources address: Texas A&M University 750 Agronomy Road, Suite 1201 College Station, Texas 77843-1255
- Federal Tax I.D. Number: 74-6000-531

II. Employment Status at Time of Injury
Check all of the applicable boxes that apply to the employee’s employment status on the date of injury/illness; more than one box may be applicable.

III. Same or Similar Employee
A similar employee’s information must be used in those cases where the injured employee does not have 13 weeks of compensation and wages prior to the injury/illness. For purposes of this form, “similar” means another employee who has training, experience, skills, and wages comparable to the injured employee AND who performs tasks comparable in nature and in number of hours. If no similar employee exists, report the limited available wages earned by the injured employee prior to the injury.
IV. Pecuniary Wage Information

Pecuniary wages are those wages which are paid in the form of money. These include, but are not limited to, hourly and salaried employees’ wages and will include any coded paid leave, such as holiday, vacation, and sick leave. Information on the wage statement should show the pay rate the employee was earning on the date of the injury.

- Hourly Employees
  - For purposes of this form, an hourly employee’s work week will begin on Thursday and end on Wednesday.
  - Thirteen (13) boxes are provided to record the employee’s past pecuniary wages.
  - Box 1 should begin with wages earned in the workweek previous to the workweek in which the injury occurred, and conclude with wage information through box 13.

  Example: An hourly employee who is injured on Friday, June 27 will have wages earned from Thursday, June 19 to Wednesday, June 25 recorded in box 1. Box 2 will show wages earned from Wednesday, June 12 to Wednesday, June 18, and so on until box 13 is completed.

- Salaried Employees
  - For purposes of this form, a salaried employee’s work week will begin on Monday and end on Sunday.
  - Thirteen (13) boxes are provided to record the employee’s past pecuniary wages.
  - Box 1 should begin with wages earned in the workweek previous to the workweek in which the injury occurred, and conclude with wage information through box 13.

  Example: A monthly employee who is injured on Friday, June 27 will have wages earned from Monday, June 16 to Sunday, June 22 recorded in box 1. Box 2 will show wages earned from Monday, June 2 to Sunday, June 8, and so on until box 13 is completed.

  - Salaried wages should be converted to weekly wages by dividing the gross monthly amount earned by 4.34821.

  Example: A salaried employee who earned wages for 14 weeks prior to his injury and earns $2,500 per month will have $574.94 ($2,500 / 4.34821 = $574.94) recorded in each of the 13 boxes provided for gross wages earned.

V. Non-pecuniary Wage Information

Non-pecuniary wages are those wages paid to the employee in a form other than money. These include, but are not limited to, health insurance benefits, laundry/cleaning allowances, and meals.
The most common type of non-pecuniary wage available to TAMU employees is the value of their A&M System health insurance. For purposes of this form, 13 weeks of past non-pecuniary wages must be shown. Below is the procedure for documenting health insurance information on this form:

- Check “yes or no” regarding the employee’s participation in TAMU’s health plan.
- Research the value of the employee’s State Group Insurance Premium (commonly referred to as the employer’s portion or state GIP) paid for by A&M; departments may need to contact the Benefits Office at (979) 845-4111 to obtain this information.
- Divide the employee’s GIP by 4.34821 and record that amount in the 14 boxes provided for health insurance.
- Additional boxes needing completion:
  - Will Employer Continue to Provide?
    - Health Insurance
      1. Determine whether or not the injured employee is eligible for leave under The Family and Medical Leave Act (FMLA) if the employee participates in TAMU’s health plan.
      2. Select “yes”, if the employee qualifies for FMLA leave or is otherwise eligible for health care benefits as a result of working or being in a paid leave status.
      3. Select “no” if the employee does not qualify for FMLA leave or if s/he does not participate in TAMU’s health plan.
  - Other Wage Types (laundry/cleaning, uniforms, etc.)
    1. Enter “yes” or “no” where appropriate.
    2. Enter remaining applicable information.
  - Date Benefit Suspended (if suspended)
    - Health Insurance – enter appropriate date of suspension
      1. FMLA exhaustion – enter the last day of the month in which the employee’s FMLA leave was exhausted. **Example:** The date of 6/30/09 will be entered if the employee’s FMLA leave exhausted on 6/10/09.
      2. Other causes of benefits suspension – enter the appropriate dates in which employment circumstances have caused a suspension of the employee’s benefits (i.e., extensive LWOP, transfer into a position which is ineligible for health benefits, etc.)
    - Other Wage Types (laundry/cleaning, uniforms, etc.) – enter appropriate date in which applicable benefits were suspended due to employment circumstances.

**NEED HELP?**
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