

Temporary Partial Disability
Calculation Worksheet
(NAC 616C.598(7))

For Claims Agent's Use

Injured Employee _____

Insurer _____

Third-Party Administrator _____

Employer _____

Claim Number _____ SSN _____

Pay Period (From) ____ / ____ / ____ Paid: Weekly _____

Pay Period (To) ____ / ____ / ____ Bi-Weekly _____

Semi-Monthly _____

Monthly _____

Gross Wage \$ _____

SSTax/FICA \$ _____

Medicare \$ _____

FIT/FWT \$ _____

Other (define) \$ _____

Net Wage \$ _____

(after the usual deductions are made for social security, income taxes and other required state or federal deductions)

Pursuant to NAC 616C.598(2).

TTD \$ _____

(for the same period)

Net Wage - \$ _____

TPD due \$ _____

(if the net pay is greater than the TTD rate, there is no entitlement to TPD) Pursuant to NAC 616C.598(1).

Days Not Included in Pay Period

Reason for Absence: _____

Prepared By _____

Date _____