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 <u>required</u> state
or federal deductions)
Pursuant to NAC 616C.598(2).

Days Not Included in Pay Period
_____
Reason for Absence: _____
_____
_____
_____
_____

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).

_____   _____

Prepared By   Date   D-46 (7/99)