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) ____/____/____  Pay Period (To) ____/____/____
Paid: Weekly ______
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 ____________________

D-46 (7/99)