

In order to establish an accurate temporary disability benefit rate for the disabled officer, it is necessary to obtain specific wage information from you regarding the (4) preceding thirteen week periods set out below.

Overtime and premium pay are not considered in calculating this benefit. If this individual did in fact work overtime during any or all of the specified periods, **please include only the amount earned at the full rate of base salary for those hours in your calculations.** Gross earnings are requested.

Disabled Officer Name: _____
Date of Disabling Injury: _____
Agency Name: _____

Customize below date ranges for (4) 13-week segments **preceding*** the date of injury.

From	To	Straight Gross Pay
through		
through		
through		
through		

Date of hire: _____

Employer's Signature _____

Date Signed: _____

To prevent processing delays, please attach the completed form to your application for reimbursement or submit directly to TDF@iic.idaho.gov.

If you have questions or would like additional information regarding workers' compensation, please contact:

E-MAIL (PREFERRED)	PHONE #	MAILING ADDRESS
TDF@iic.idaho.gov	208.334.6083 208.334.6026	ATTN: Fiscal Idaho Industrial Commission PO BOX 83720 Boise, ID 83720-0041