THE BASIC RULES FOR COMPLETING A WPRR



WEEKLY PAYMENT REIMBURSEMENT REQUEST

Contact Email Address:



This form is intended to assist employers seeking reimbursement for weekly income support payments made to a worker.

Use one form per worker. Please email WPR@eml.rtwsa.com if you need assistance completing this form.

This form must be submitted within 3 months from the date you paid the worker the payment you are seeking reimbursement for.

*If this is your first reimbursement request, the first date you can claim will be the first date of incapacity (if you are entitled to the first 2 week waiver) to the end of your pay week.

**Notional Weekly Earnings.
Worker's average weekly earnings or
where adjusted, the adjusted average
weekly earnings.

Mandatory Requirements for Reimbursement

- Evidence of payroll records must be attached for all weeks being claimed
- All Prescribed Benefits & Annual leave (with the exception of suspended payments) is to be excluded.
- All Personal Leave is to be included as earnings.
- Only one week may be recorded per line
- Only include payments within accepted claim period. Refer to your claim acceptance or discontinuance letter

NAME OF WORKER	CLAIM NUMBER	FIRST DATE OF INCAPACITY	NOTIONAL WEEKLY EARNINGS*	

NAME OF EMPLOYER (AS PER REGISTRATION)	RTWSA REGISTRATION NO	LOCATION NO	EMPLOYER ABN	

Period Claimed			Incapacity			Payment Details		
From To			Partial (Suitable Duties)		Earnings	Hours	Date	
	То	Totally Unfit	Working	Not Working	from Work Performed	Worked	Worker Paid	
	npleting this form:				hat weekly payments			
ntact Phone Num				to the wor	king in accordance v	with the Return to v	TOTA ACT 2014	

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Weekly Payment Reimbursement Requests (WPRR) must be completed in a weekly format. Exceptions to this rule apply when:

- · The first date of incapacity falls mid-week.
- The income support cease or closed period end date falls mid-week.
- You are not entitled to waive the first two weeks making the first date you are entitled to claim a reimbursement fall mid-week.

Totally Unfit' or 'Not Working' should be ticked if the worker did not work at all during the weekly pay cycle period.

Earnings from Work Performed applies to physical work performed by the worker during the weekly pay cycle period. It includes earnings relevant to personal leave, base, time and a half, overtime, allowances, public holidays, bonuses, rest and recovery days and roster days off as applicable.

Earnings from Work Performed exclude prescribed benefits and annual leave. Income Support payments can be suspended if notification has been received prior to the annual leave being taken.

Hours worked applies to the physical work performed by the worker during the weekly pay cycle period. 'Date Worker Paid' is required to ensure reimbursement is within our legislative parameters. Employers have 3 months from the worker payment date to claim reimbursements on or after 1 July 2015.

Only include earnings within the accepted claim period and make sure you do not include any RTWSA payments as this will create an incorrect reimbursement.

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This form must be submitted within 3 months from the date you paid the worker the payment you are seeking reimbursement for.

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NAME OF EMPLOYER (AS PER REGISTRATION)	RTWSA REGISTRATION NO	LOCATION NO	EMPLOYER ABN	

Period	Period Claimed Incapacity		Payment Details				
_			Partial (Suit	Partial (Suitable Duties)		Hours	Date
From	From To Totally	Totally Unfit	Working	Not Working	from Work Performed	Worked	Worker Paid

Name of person completing this form:	I declare that weekly payments of income Support have been paid to the working in accordance with the Return to Work Act 2014
Contact Phone Number:	
Contact Email Address:	

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