



EMPLOYER CALCULATION OF NORMAL WEEKLY EARNINGS

FOR USE UNDER THE NT RETURN TO WORK ACT

This calculation form is based on the provisions of Section 49 of the NT Return to Work Act ("the Act"). CGU will generally rely on an employer's calculation however it may be necessary for CGU to re-calculate the Normal Weekly Earnings figure depending on the individual circumstances of the injured worker. Where this is required, we will notify you on receipt of the calculation.

Claim details

Worker's name Claim No.

Date of injury / / Date of birth / / Date of commencement / /

Employer calculation

Earnings components

	Value (Weekly)
Base pay / Weekly wages	\$ <input type="text"/>
Over-award payment	\$ <input type="text"/>

Allowances

If you believe an allowance falls into one of these categories, but is named differently in your company, please write the name of the allowance next to the corresponding allowance on this form

Climate allowance	<input type="text"/>	\$ <input type="text"/>
District allowance	<input type="text"/>	\$ <input type="text"/>
Leading hand allowance	<input type="text"/>	\$ <input type="text"/>
Qualification allowance	<input type="text"/>	\$ <input type="text"/>
Service grant	<input type="text"/>	\$ <input type="text"/>

(Note: The Act does not include any other allowance)

Shift allowance*	\$ <input type="text"/>
Overtime*	\$ <input type="text"/>

TOTAL \$

*Only included where worked in a regular and established pattern in the 6 months immediately prior to the date of injury and calculated as an average weekly amount of overtime worked in the 12 months period prior to the injury.

If the worker has been employed for less than 6 months at the time of the injury, regard shall be had to the overtime or shift work worked by the worker during the period of their employment and whether normally they would have worked overtime or shift work had they not been injured. Please supply detailed, pay by pay, wage records to support the inclusion of any overtime or shift allowance for a full 52 week period immediately prior to the date of injury.

Completion details

I confirm that the details provided above are true and accurate.

Signature of employer

Name

Position / Title

Date / /

Notes: Please complete and submit at the time any new claim is made, or as soon as possible after a claim has been made.

To claim reimbursement for weekly compensation paid, please complete CGU's Employer Request for Reimbursement of Weekly Compensation (www.cgu.com.au).

If you have any queries about the calculation, please contact your Claims Consultant on telephone number 132481 or via e-mail at workerscompclaims@iag.com.au