AVERAGE WEEKLY WAGE CALCULATION - FORM 22

REPORT DESCRIPTION B0048 | WEB INTELLIGENCE

BOBJ

The purpose of this report description is to develop a method of self-populating North Carolina Industrial Commission Form 22 using data contained in the Integrated HR-Payroll System.

Report Description:

Form 22 is used in workers' compensation claims to calculate the injured employee's average weekly wage and resulting weekly disability compensation rate based on earnings for the 52 weeks prior to the date of injury. Form 22 automation is a method of self-populating North Carolina Industrial Commission Form 22 using data contained in the Integrated HR-Payroll System.

**Report Location:**

Workers Comp

Report Uses:

This report provides data used to calculate average weekly wage when an injured employee is entitled to disability compensation for a workers' compensation claim. The report contains the employee's statement of days worked and earnings covering the 365-day period prior to the injury.

The purpose of this report is to provide information documenting the basis for the Form 22.

| Quick Links	

How to generate this report
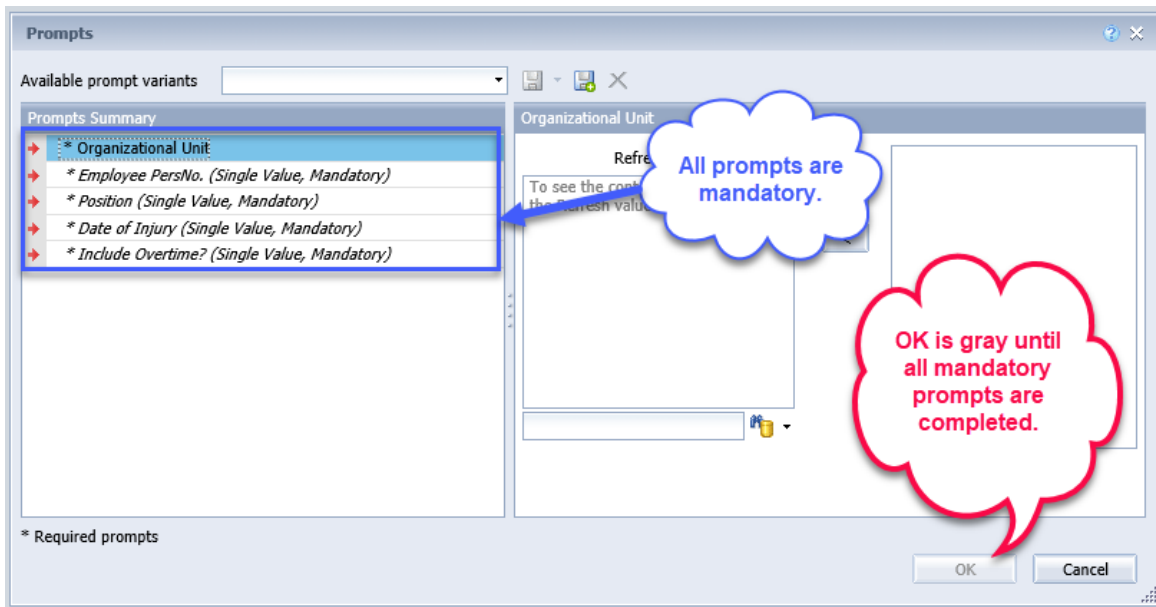
Mandatory Prompts

Mandatory prompts have a red arrow indicator (➔) followed by an asterisk (*) on the left side of the prompts. When a valid value(s) is entered, this indicator will turn to a green check mark (✓).

➔ ***Organizational Unit:** To select data for this prompt:
- Make sure the "Organizational Unit" prompt is selected (1).
- Click on the "Refresh Values" icon to see the list of Org Units (2).
- Navigate to the desired Org Unit (3).
- Click on the right arrow to add it to the selection box (4).
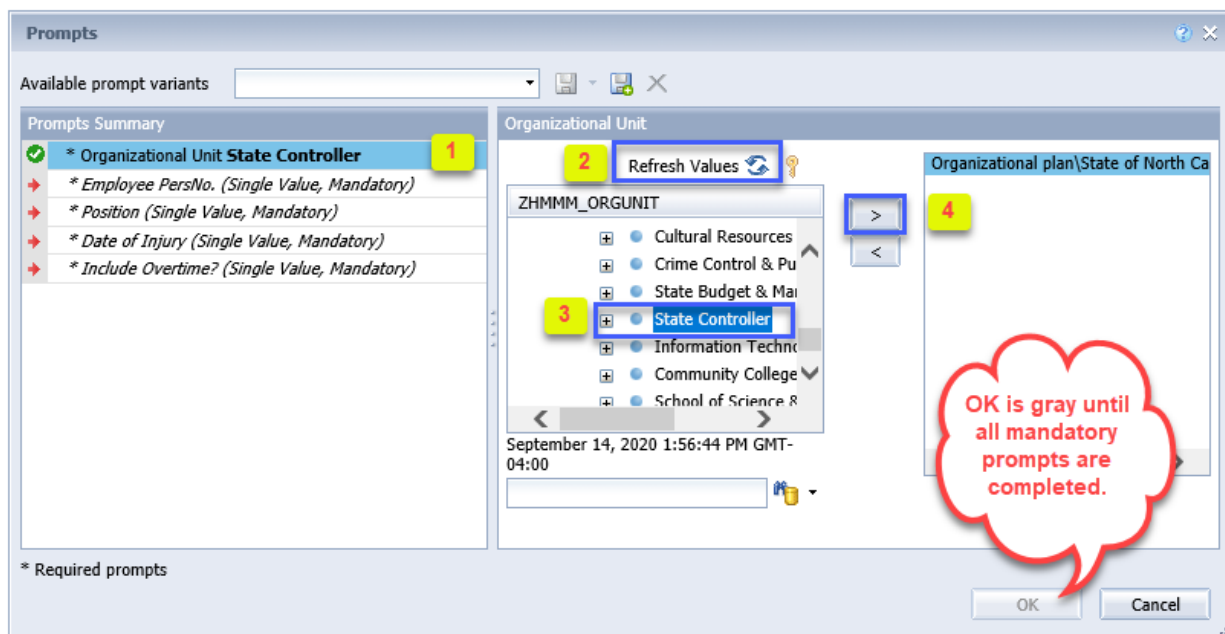
➔ ***Employee PersNo. (Single Value, Mandatory):** To select data for this prompt:
- Make sure the "Employee(s) PersNo. (Single Value, Mandatory)" prompt is selected (1).
- Enter an employee number in the search box to verify the employee name (2).
- Click on the search icon drop down arrow and select "Search in key" (3).
- Click the search icon (4).
- To see the employee number, click on the key icon (5).
- Click on the desired Employee (6).
- **OR**, if the employee number is known, skip steps 2 through 6 and enter it directly in (7).
- Click on the right arrow to add the Employee to the selection box (8).
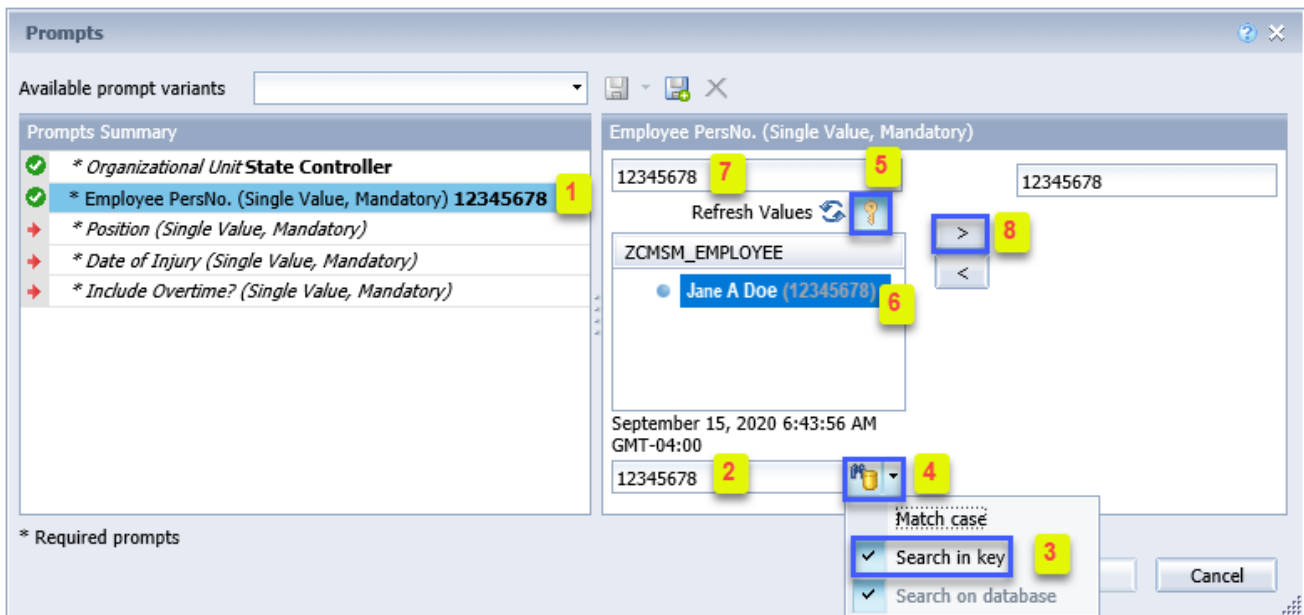
➔ ***Position (Single Value, Mandatory)**: To select data for this prompt:
- Make sure the "Position (Single Value, Mandatory)" prompt is selected (1).
- Enter the position number in the search box to verify the position (2).
- Click on the search icon drop down arrow and select "Search in key" (3).
- Click the search icon (4).
- To see the position number, click on the key icon (5).
- Click on the desired Position (6).
- **OR**, if the position number is known, skip steps 2 through 6 and enter it directly in (7).
- Click on the right arrow to add the Position to the selection box (8).
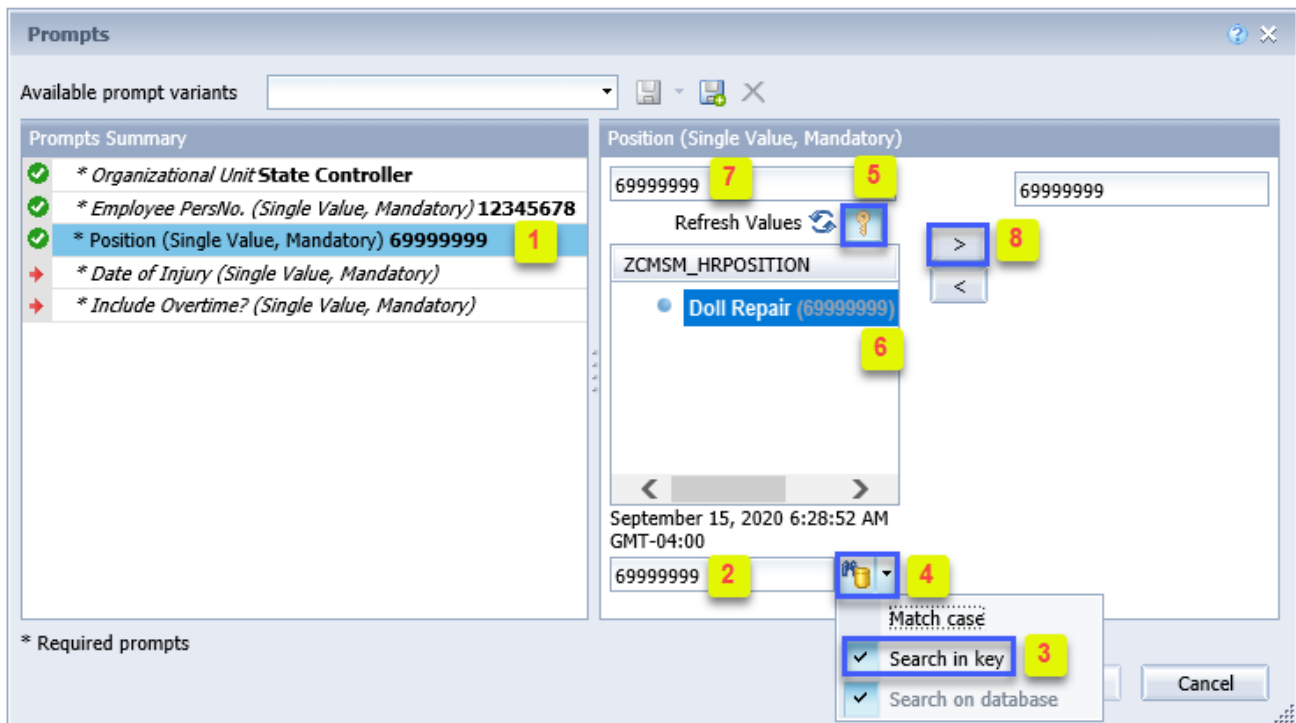
➔ ***Date of Injury (Single Value, Mandatory**): To select data for this prompt:
- Make sure the "Date of Injury (Single Value, Mandatory)" prompt is selected (1).
- Enter the Injury Date in M/d/yyyy format (2).
- **OR** the Injury Date can be selected from Calendar help if needed (3).

➔ ***Include Overtime? (Single Value, Mandatory**): To select data for this prompt:
- Make sure the "Include Overtime? (Single Value, Mandatory)" prompt is selected (1).
- Click on "Refresh Values" to see the values for this prompt (2).
- Click on the key icon to see the key values (3).
- Click on the desired prompt value (4).
- **OR**, if the key value is known, skip steps 2 through 4 and enter it directly in (5).
- Click on the right arrow to add the desired value to the selection box (6).
- Click on the OK button to execute report (7).

   NOTE: You must select Yes or No for this prompt. **Do not select Not Assigned.**

Initial Layout

This report contains two report tabs and a Report Info tab. Below are sample renderings from each tab.

1st Tab ➔ B0048 Average Weekly Wage Calculation - Form 22:
This tab contains Time and Payroll data for the 365-day period up to the injury date.

Page 1 of 1ˢᵗ tab

North Carolina Industrial Commission

IC File # _____
Emp. Code # _____
Carrier Code #   999-154 _____
Carrier File # _____

STATEMENT OF DAYS WORKED AND EARNINGS OF INJURED EMPLOYEE

The Use of This Form Is Required Under The Provisions of The Workers' Compensation Act

John A Doe		Health Human Services		444-123-4567		
Employee's Name		Employer's Name		Telephone Number		
1234 Sample Street		5678 Another Rd		Fun City	NC	24444
Address		Employer's Address		City	State	Zip

Sleepy Town	NC	25555	Always Insure			
City	State	Zip	Insurance Carrier			
555-444-3333		555-123-4567	PO Box 121212		Spooky Hollow	NC	23333
Home Telephone		Work Telephone	Carrier's Address		City	State	Zip
xxx-xx-1234	M	1/1/1979	1-888-555-1212		1-555-444-3333	
Last 4 Digits of SSN	Sex	Date of Birth	Carrier's Telephone Number		Fax Number	

Date of Injury: 10/5/2020

Year 2019-2020	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Amount Earned
OCT 2019							x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	2,376.34
NOV 2019				x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			2,833.33
DEC 2019		x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	2,833.33
JAN 2020	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x	2,833.33
FEB 2020			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x					2,833.33
MAR 2020			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	2,833.33
APR 2020	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x		2,833.33
MAY 2020	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x			x	x	2,833.33
JUN 2020	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x		2,833.33
JUL 2020	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x	2,833.33
AUG 2020			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x				x	2,833.33
SEP 2020	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x		2,833.33
OCT 2020	x	x		@																												528.20
Total																																34,071.18

Page 1 of 1ˢᵗ tab continued… (bottom of page)

Was this employee given free rent, lodging, or board or other allowances made in lieu of wages? _____

If so, state weekly value thereof: $ _____

Page 2 of 1ˢᵗ tab

The undersigned employer of   _____ John A Doe _____

(Name of Employee)

who alleges an injury on the   5th   of   October   2020

(Day)   (Month)   (Year)

while in the employment of the undersigned, does hereby certify that the above is a true and correct statement of days worked and earnings of this employee during the 52 weeks immediately preceding the injury (or during the above weeks and parts thereof, if employed for less than 52 weeks) and while engaged in the occupation in which the employee was allegedly injured.

Health Human Services

Employer

By   _____

Authorized Signature

11/25/2020

Date Signed

To Employer: Making a false statement for the purpose of denying workers' compensation benefits may result in civil or criminal penalties.

INSTRUCTIONS

This form must be completed and filed with the Commission in all cases resulting in death unless maximum compensation rate is stipulated. It must also be filed in any other case if there is a disagreement about earnings or if the Commission requests it.

In preparing this form, place an X in the proper squares to indicate days paid in full. Days the employee is on paid vacation leave and/or paid sick leave should be marked with an X. Leave blank squares to indicate days not paid in full for any reason. Total earnings for each pay period should be placed in the proper column. If the employee's job or pay rate was changed during the reported period, this should be noted, with an indication as to the nature of the change.

The employer code number and the carrier code number, if any, must be inserted in the proper place at the upper right-hand corner of the form.
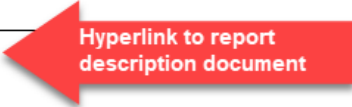
2nd Tab ➜ Form 22 Supplemental Data:
This tab displays the detail earnings for 365-day period up to the injury date. Earnings are broken out by month and Wage Type Grouping. Additional detail can be navigated on to the report layout to further break out the earnings. See **Available Objects** section.

Form 22 Supplemental Data

Execution Date : 11/25/2020

Employee	12345678 - John A Doe
Position	69999999 - Window Washer
Date of Injury	10/5/2020

Cal Mth/Yr	For-Period Start Date	For-Period End Date	Wage Type Grouping	Amount Earned
OCT 2019	10/1/2019	10/31/2019	Approved Leave	438.81
	10/1/2019	10/31/2019	Regular Salary	1,827.83
	10/1/2019	10/31/2019	Sick Leave	109.70
			Cal Mth/Yr - OCT 2019	2,376.34
NOV 2019	11/1/2019	11/30/2019	Regular Salary	2,833.33
			Cal Mth/Yr - NOV 2019	2,833.33
DEC 2019	12/1/2019	12/31/2019	Regular Salary	2,833.33
			Cal Mth/Yr - DEC 2019	2,833.33
JAN 2020	1/1/2020	1/31/2020	Approved Leave	261.60
	1/1/2020	1/31/2020	Regular Salary	2,310.13
	1/1/2020	1/31/2020	Sick Leave	261.60
			Cal Mth/Yr - JAN 2020	2,833.33
FEB 2020	2/1/2020	2/29/2020	Regular Salary	2,833.33
			Cal Mth/Yr - FEB 2020	2,833.33
MAR 2020	3/1/2020	3/31/2020	Regular Salary	2,571.73
	3/1/2020	3/31/2020	Sick Leave	261.60
			Cal Mth/Yr - MAR 2020	2,833.33
APR 2020	4/1/2020	4/30/2020	Regular Salary	2,833.33
			Cal Mth/Yr - APR 2020	2,833.33
MAY 2020	5/1/2020	5/31/2020	Regular Salary	2,833.33
			Cal Mth/Yr - MAY 2020	2,833.33
JUN 2020	6/1/2020	6/30/2020	Approved Leave	392.40
	6/1/2020	6/30/2020	Regular Salary	1,917.73
	6/1/2020	6/30/2020	Sick Leave	523.20
			Cal Mth/Yr - JUN 2020	2,833.33
JUL 2020	7/1/2020	7/31/2020	Approved Leave	261.60
	7/1/2020	7/31/2020	Regular Salary	2,571.73

2nd tab continued...

Form 22 Supplemental Data

Execution Date : 11/25/2020

Employee	12345678 - John A Doe
Position	69999999 - Window Washer
Date of Injury	10/5/2020

Cal Mth/Yr	For-Period Start Date	For-Period End Date	Wage Type Grouping	Amount Earned
			Cal Mth/Yr - JUL 2020	2,833.33
AUG 2020	8/1/2020	8/31/2020	Approved Leave	130.80
	8/1/2020	8/31/2020	Regular Salary	2,571.73
	8/1/2020	8/31/2020	Sick Leave	130.80
			Cal Mth/Yr - AUG 2020	2,833.33
SEP 2020	9/1/2020	9/30/2020	Regular Salary	2,833.33
			Cal Mth/Yr - SEP 2020	2,833.33
OCT 2020	10/1/2020	10/31/2020	Overtime	71.22
	10/1/2020	10/31/2020	Regular Salary	456.99
			Cal Mth/Yr - OCT 2020	528.20
			Total	34,071.18

3rd Tab ➔ Report Info:

Report Info

Execution Date : 10/6/20

Prompt Input

Organizational Unit	Health and Human Services
Employee PersNo.	12345678
Position	69999999
Date of Injury	10/5/2020
Include Overtime?	Yes

B0048: Average Weekly Wage Calculation - Form 22

Hyperlink to report description document

Form 22 is used in workers' compensation claims to calculate the injured employee's average weekly wage and resulting weekly disability compensation rate based on earnings for the 52 weeks prior to the date of injury. Form 22 automation is a method of self-populating North Carolina Industrial Commission Form 22 using data contained in Beacon.

NOTE:

• The Workers Comp security role is required to access report.
• The report displays data for the 365-day period prior to the Injury Date specified in the prompt input. Position number is a required prompt. The data collected is only for the time in which the employee occupied the specified position during the 365-day period.
• Employee address info is the employee permanent address (subtype 1) from PA infotype 0006. If data rendered on the report does not reflect the employee's most current address, then the infotype data must be updated before re-running the report.
• Employer Name is based on Personnel Area tied to the position at time of injury. Employer address info is the position main address (subtype 9001 from OM infotype 1028) at time of injury.
• The x's appearing in the crosstab table represent actual time entry from recorded absences (IT 2001) and attendances (IT 2002). For negative time employees, we are looking at actual absences recorded on IT2001, then follow the assumption that the days not accounted for with absences are worked as expected based on the assigned standard 5x8 Monday - Friday work schedule.

Manual Data Entry

If the employee was given any type of allowance in lieu of wages, manually fill in this section of the report.

- Click on Design button to put the layout in edit mode (1).
- Click cell to be edited (2).
- A formula bar should appear at the top of the screen. Type the text into the white area (3).
- Click on the green checkmark to accept your typed value (4).
- Repeat steps 2-4 to edit the next cell (5).

Follow the same steps above to enter data for the *Carrier* section at the top of the report.

North Carolina Industrial Commission

STATEMENT OF DAYS WORKED AND EARNINGS OF INJURED EMPLOYEE

The Use of This Form Is Required Under The Provisions of The Workers' Compensation Act

IC File # _____

Emp. Code # _____

Carrier Code #   999-154

Carrier File # _____

Available Objects

Additional navigation is supported for the 2nd tab only **(Form 22 Supplemental Data)**, in Design mode.
Only the following **two** data elements are supported for additional detail breakout of the supplemental data.

Special Report Considerations/Features
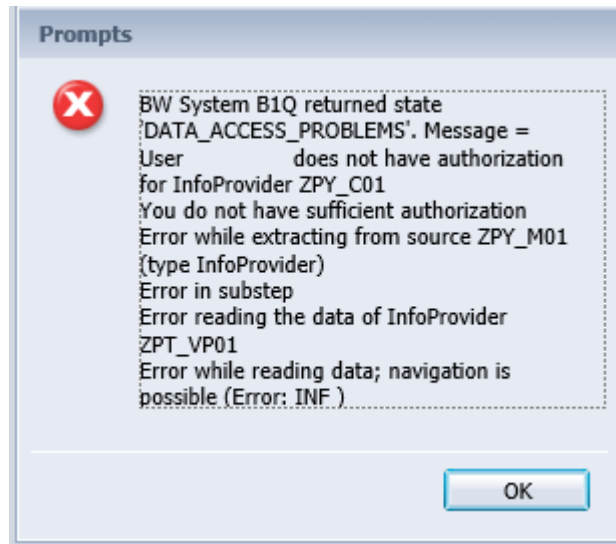
- The Workers Comp security role is required to access report.
  - ➢ ZBI / BOBJ - Workers' Comp - FORM 22
- If you receive the following error, please open a trouble ticket with BEST Shared Services and ask that the ticket be routed to the Security team.

- The report displays data for the 365-day period prior to the Injury Date specified in the prompt input. Position number is a required prompt. The data collected is for the time in which the employee occupied the specified position only during the 365-day period.
- Employee address info is the employee permanent address (subtype 1) from PA infotype 0006. If data rendered on the report does not reflect the employee's most current address, then the infotype data must be updated before re-running the report.
- Employer Name is based on Personnel Area tied to the position at time of injury. Employer address is the position main address (subtype 9001 from OM infotype 1028) at time of injury.
- The Xs appearing in the crosstab table represent actual time entry from recorded absences (IT 2001) and attendances (IT 2002). For negative time employees, we are looking at actual absences recorded on IT2001, then follow the assumption that the days not accounted for with absences are worked as expected based on the assigned standard 5x8 Monday - Friday work schedule.

- The earnings data is broken out by calendar month based on the For-Period Date Range. A clear example of this can be seen for Bi-Weekly employees where the For-Period cycle spans 2 different months.

    In the example below, our employee is Bi-Weekly with an injury date of 9/3/2020.

- The following Wage Types are selected for reporting. This table can be displayed in ERP using transaction ZPTFORM22.

Wage Type Grouping	Wage Type	Wage Type Text
Regular Salary	1000	Regular Salary
Regular Salary	1100	Salaried/Hourly Pay
Regular Salary	1150	10 or 11 pd over 12
Regular Salary	1155	12 over 12
Regular Salary	1160	SPA 11 ov 12 no contract
Regular Salary	1175	10 over 10 or 11 over 11
Regular Salary	1200	Regular Hours
Temp Post Disaster DOT	1201	Temp Post Disaster DOT
Temp Coop Ed Student DOT	1202	Temp Coop Ed Student DOT
Temp Labor DOT	1203	Temp Labor DOT
Temp Labor Grant DOT	1204	Temp Labor Grant DOT
Temporary Hours	1205	Temporary Hours
Overtime	1210	Overtime
Overtime	1211	Straight Time/OT 1.0
Overtime	1212	Overtime Premium
Longevity Pay	1220	Annual Longevity
Longevity Pay	1230	Monthly Longevity
Paid Holiday	1240	Holiday Premium Pay
Shift Differential	1250	Shift Premium 5%
Shift Differential	1251	Shift Premium 10%
Shift Differential	1252	Shift Premium 15%
Shift Differential	1253	Shift Premium 20%
Shift Differential	1254	Shift Premium 25%
Shift Differential	1255	Shift Premium 30%

Wage Type Grouping	Wage Type	Wage Type Text
Shift Differential	1256	Shift Premium Other
Custody Differential	1261	Custody Differential 10%
Custody Differential	1263	Custody Differential 20%
Temp Wg-SepPayCont-RIFLEO	1264	Temp Wg-SepPayCont-RIFLEO
Approved Leave	1301	Vacation Leave
Sick Leave	1302	Sick Leave
Bonus Leave	1304	Bonus Leave
Other Paid Leave	1305	Holiday Premium Payout
Approved Leave	1306	Holiday Comp Leave
Overtime	1307	Gap Hours Pay
Other Paid Leave	1312	Other Mgmt Approved Leave
Other Paid Leave	1313	Adverse Weather
Other Paid Leave	1314	Administrative Leave-CDE
Other Paid Leave	1315	Civil Leave
Other Paid Leave	1316	Community Service Leave
Other Paid Leave	1317	Community Serv Tutoring
Other Paid Leave	1318	Educational Leave
Injury	1319	Injury Leave
Approved Leave	1323	Emergency Closing Comp Lv
Paid Holiday	1325	Paid Holiday
Approved Leave	1326	Voluntary Shared Leave
Approved Leave	1327	Comp Leave
Injury	1329	Injury Absence WC
Approved Leave	1330	Paid Leave
Approved Leave	1331	On Call Comp Leave
Other Paid Leave	1339	Bereavement Leave
Approved Leave	1340	Vacation Leave
Sick Leave	1341	Sick Leave
Paid Holiday	1342	Paid Holiday
Approved Leave	1343	Comp Leave
Approved Leave	1344	Travel Comp Time
Gap Leave	1350	Gap Hours Leave
Bonus Leave	1356	FY2012-13 Special Leave
Approved Leave	1358	Callback Comp Leave
Approved Leave	1360	Incentive Leave
Bonus Leave	1361	Special Leave
Bonus Leave	1363	Special Bonus FY 2018
Bonus Leave	1364	Special Bonus FY19-20
Other Paid Leave	1366	Literacy Volunteer Leave
Parental Leave	1370	Parental Leave 4 week
Parental Leave	1371	Parental Leave 8 week
Other Paid Leave	1373	Investigatory Leave
Other Paid Leave	1374	OMAL – Non-Discretionary
Other Paid Leave	1375	OMAL – Discretionary
Other Paid Leave	1376	OMAL- Emergency Closing

Wage Type Grouping	Wage Type	Wage Type Text
Other Paid Leave	1377	OMAL- Relief Efforts
Other Paid Leave	1378	OMAL – Medical
Other Paid Leave	1379	State of Emergency Leave
Shift Differential	1380	CDE Closing Shift
Other Paid Leave	1381	CDE Care Leave
Other Paid Leave	1382	Comm Disease Comp Leave
Shift Differential	1385	SOE Shift Premium
Other Paid Leave	1386	FFCRA Family Care
Other Paid Leave	1388	FFCRA Employee Care
Other Paid Leave	1389	FFCRA EFMLEA
Other Paid Leave	1390	CDE Eldercare/ No TLW
Other Paid Leave	1392	CDE Elder/No TLW 1/3
Other Paid Leave	1394	CDE Care Leave
Other Paid Leave	1396	Personal Observance Leave
Regular Salary	1424	Temporary Higher Duty Pay
Regular Salary	1425	Special Assignment Pay
High Need Supplement	1430	High Need Supp Payout
High Need Supplement	1431	High Need Supplement 1
High Need Supplement	1432	High Need Supplement 2
High Need Supplement	1433	High Need Supplement 3
Regular Salary	1637	Back Pay
Supplement	1703	Teaching Supplement

- If you select 'No' for the "**Include Overtime?**" prompt, the following Wage Types are excluded.

Wage Type Grouping	Wage Type	Wage Type Text
Overtime	1210	Overtime
Overtime	1211	Straight Time/OT 1.0
Overtime	1212	Overtime Premium
Overtime	1307	Gap Hours Pay

Payroll Reconciliation

- The earnings data generated in the Amount Earned section of the **Form 22 – Average Weekly Wage Calculation** report can be mapped back to payroll earnings posted in the PC_PAYRESULT table for the employees For-Period. It is important to note that the Renumeration Statement details earnings for an employees' In-Period earnings; it also includes differences for retro earnings from previous periods. The Form 22 groups the retro earnings together as if they were paid accumulative originally.

- Wage Type Reporter (PC00_M99_CWTR) can be used to validate For-Period earnings by selecting variant **Z_FORM22**. Fields that will need selection criteria include the Personnel Number and the payroll period.

Change Log

- 11/10/2020 – Initial report creation.
- 12/9/2020 – Wage Type 1383 (CDE Worked Premium) removed from report.
- 12/17/2020 – Additional content added to the **Special Report Considerations/Features** section regarding possible security error message.
- 12/29/2020 – Wage Types 1341/1342/1343 added to report. Wage Type Grouping table updated.
- 1/26/2021 – Wage Types 1319/1329 added to report. Updated '**Special Report Considerations/Features'** section to include new Wage Types in Wage Type Grouping table and documented transaction code for displaying Wage Type Grouping table in ERP.
- 2/8/2021 – Added content to new **Payroll Reconciliation** section.
- 2/24/2021 – Updated format and alt text. L. Lee
- 4/8/2021 – Wage Types 1425/1637 added to report. Wage Type Grouping table updated.
- 4/15/2021 – Wage Types 1150/1155/1160/1175/1703 added to report. Wage Type Grouping table updated.
- 6/16/2022 – Wage Type 1396 added to report. Wage Type Grouping table updated. T. Cooper
- 12/15/2022 – Updated Employer block to retrieve position address at time of injury. T. Cooper
- 12/19/2022 – Updated Alt Text and grammatical change to BI Weekly injury date screen capture. L. Lee
- 6/29/23-Updated form L. Williams
- 7/1/2023- Changed the Workers Compensation Insurance carrier. S. Rich