



Administrative Procedure WCK-P031
**WAGE VERIFICATION –
WORKER’S COMPENSATION CLAIMS**

Responsible: Office of Human Resources, Risk Management Department

PURPOSE

This administrative procedure establishes the protocols for wage verification when processing worker’s compensation claims for employees in the Washoe County School District (“District”).

PROCEDURE

1. The Program Services Technician contacts the secretary of the department or school in which an employee has a claim, requesting information as to whether the school or the department was able to comply with the restriction(s) placed on the injured employee by the treating physician.
 - a. If the District can comply with restrictions and employee is not missing time, a Wage Verification Form is not required.
 - b. If the District cannot comply with the restrictions, the Program Services Technician completes a Wage Verification Form for the injured employee to receive disability compensation.
 - c. The Wage Verification Form is completed only if the employee's doctor has certified that the employee is unable to work for a period of five or more consecutive days, or five cumulative days in a 20-day period or there are restrictions that the District cannot comply with.
 - d. The Program Services Technician fills out Wage Verification Form for the employee's wage information on the 12 weeks prior to the date of injury or illness using the Business Plus database.
 - e. In some cases, a full year's wages are used. This is usually done for those employees who do not work in 12-month positions.
 - f. The date of the employee's last day of work, and the date of return (if they have returned) is required on the wage verification form.
 - i. The exception to the above rule is when an employee has not missed any time from work, and wages were never done previously, but the employee is being sent out for a rating at the end of his/her claim. Wages must be done at this time. No Waiver of Premium (see WCK-P032) letter is sent in this case.
 - g. A copy of the form is filed in the employee's file.

2. The Program Services Technician forwards the form to the Third Party Administrator.

IMPLEMENTATION GUIDELINES & ASSOCIATED DOCUMENTS

1. This Administrative Procedure reflects the goals of the District’s Strategic Plan and aligns/complies with the governing documents of the District, to include:
 - a. Board Policy 7300, Risk Management
 - b. Administrative Regulation 7350, Industrial Worker’s Compensation for Employees (Pending)
 - i. Processing Worker’s Compensation Claims (WCK-P030)
 - ii. Wage Verification Form - EXTERNAL DOCUMENT (State Form D-8 revised 07/99)
 - iii. Waiver of Premium (WCK-P032)
 - iv. OSHA Posting Requirement (WCK-P035)
 - v. Appeals of Worker’s Compensation (WCK-P036)
 - vi. Light Duty / Modified Return to Work (WCK-P037)
 - vii. Workers’ Compensation Audit (WCK-P039)
 - viii. WCSD Accident/Exposure Investigation Report (WCK-F001)

REVIEW AND REPORTING

1. This procedure will be reviewed as part of the bi-annual audit of the District’s governing documents.

REVISION HISTORY

Date	Revision	Modification
12/27/2005	A	Adopted as CSI Procedure
8/18/2006	B	Revised
11/15/2016	1.0	Revised: converted to administrative procedure;