The basic rules for completing a WPRR



Weekly payment reimbursement request

Name of person completing this form:

Contact Phone Number:



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	

Payment Details			Incapacity		Period Claimed		
Date Worker Paid	Hours Worked	Earnings from Work Performed	Partial (Suitable Duties) Working Not Working		Totally Unfit		From
			Not Working	Working			
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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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NAME OF EMPLOYER (AS PER REGISTRATION)	RTWSA REGISTRATION NO	LOCATION NO	EMPLOYER ABN

Period	Claimed	Incapacity		Payment Details			
F			Partial (Suitable Duties)		Earnings	Hours	Date
From	То	Totally Unfit	Working	Not Working	from Work Performed	Worked	Worker Paid

Name of person completing this form:	to the working in accordance with the Return to Work Act 2014
Contact Phone Number:	
Contact Email Address:	

we help people get their lives back