

WAGE TRANSCRIPT (DWC-30)

General Instructions:

- Completed by: Insurer and employee's return-to-work employer.
- Time Frame: No set time frame. However, if the insurer/employer cannot obtain a [Suspension Agreement and Receipt](#) from the employee and he or she has been back to work at least two consecutive weeks equal to or in excess of their average weekly wage, not including overtime, a Wage Transcript can be used to close the claim.
- Distribution: Original to Department of Labor and Training. Copy to employee and/or the employee's legal representative.
- Attachments: None.

Definitions:

- *PLEASE CHECK IF CORRECTION OF PRIOR REPORT:* Check if sending in an amended form.
- 1. Employee Information:**
 - *SSN:* Employee's Social Security Number.
 - *Name:* Employee's full name.
 - *Address (including city, state, zip):* Employee's current mailing address.
 - *Phone:* Employee's current home telephone number.
- 2. Claim Information:**
 - *Employer:* Employer's actual name where the employee was employed at the time of the injury.
 - *Insurance Co.:* Name of the worker's compensation insurer OR 'Self-Insured' if the company has been certified as self-insured by DLT.
 - *Claim Administrator:* Name of the WC insurance carrier, third party administrator, or self-insured employer responsible for administering the claim.
 - *Injury Date:* Date that the accident happened.
 - *Incapacity Date:* First full day that the employee lost from work (include weekends and holidays).
- 3. Insurer Complete:**
 - *Discontinuation of benefits/Reduction of benefits:* Check appropriate box.
 - *Date benefits were discontinued or reduced:* Date the employee returned to work.
 - *Pre-injury average weekly wage, not including overtime:* Enter average weekly wage that contains the averaged bonus amount, but not overtime.
- 4. Employer Complete:**
 - *Post-Injury Earning Information:*
 - *Period Start Date:* Beginning date of the earnings period.
 - *Period End Date:* Ending date of the earnings period.
 - *Number of Hours Worked:* Number of hours worked during the pay period listed.
 - *Payment Rate:* Hourly or salary rate for payment period listed.
 - *Amount of Earnings:* Amount paid for the payment period listed.
 - *Employer Name:* Name of actual employer where wages were earned.
 - *Address(including city, state, zip, phone):* Address and telephone number of employer where the wages were earned.
 - *Employer Signature/Date:* Signature of the employer's Treasurer or other appropriate official and the date prepared.