

**State of Rhode Island**  
**SEASONAL WAGE STATEMENT** (Hired for 16 weeks or less)

PLEASE CHECK IF CORRECTION OF PRIOR REPORT

Department of Labor and Training, Division of Workers' Compensation  
 PO Box 20190, Cranston, RI 02920-0942 Phone: (401) 462-8100 TTY (Relay RI): 711

DWC No. \_\_\_\_\_

Insurer File No. \_\_\_\_\_

**EMPLOYEE INFORMATION:**

SSN or ID (Last four digits only) XXX-XX-

Name \_\_\_\_\_

Maximum no. of exemptions   Single  Married

Wages for how many employers are listed below

**Do not use shaded areas below:**

**CLAIM INFORMATION:**

Employer \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Claim Administrator \_\_\_\_\_

Injury date \_\_\_\_\_

Incapacity date \_\_\_\_\_

Hire date \_\_\_\_\_

List 52 CONSECUTIVE weeks of gross wages for *any* employment held by this person within the 52 week period.

Week Number	Week Ending Date	Gross Wages	Week Number	Week Ending Date	Gross Wages
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		
		Total earnings: 0.00			Total earnings: 0.00

1. Combine total earnings listed \$0.00  
 2. Divide total earnings by 52 ÷ 52  
 3. Average Weekly Wage \$0.00

Print Preparer Name: _____	Date: _____	Print Adjuster Name: _____	Date: _____
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## Wage Statement: Seasonal (DWC-03S)

### Determine which Wage Statement to use:

- Full-time: use for employees hired for **20 hours or more** per week
- Part-time: use for employees hired for **less than 20 hours** per week
- Seasonal: use for employees hired for a **seasonal job** of 16 weeks or less

These instructions are for seasonal employees. There are separate instructions for full-time and part-time employee wage statements. See the instructions for concurrent employment if the employee has more than one job.

The employer provides employee and wage information to the claim administrator: the insurer, self-insured employer or third party administrator handling the claim. The claim administrator completes the wage statement to calculate the employee's compensation rate. The wage statement is sent to Department of Labor and Training with the Memorandum of Agreement or Nonprejudicial Agreement.

### Top of form:

**Correction Box:** Check if this document is correcting a document previously filed.

**DWC No:** For DLT use only. Please leave blank.

**Insurer File Number:** Provide the claim number or file identification number for the company handling the claim: the insurer, self-insured employer or third party administrator.

### Employee Information.

**SSN:** provide **at most** the last 4 digits of the employee's social security number or the employee ID number assigned by RIDLT. DO NOT USE A FICTITIOUS NUMBER. Please contact RI DLT to obtain an assigned employee ID number.

**Name:** enter the employee's first name, middle initial and last name.

**Maximum no. of exemptions:** enter the maximum number of exemptions the employee may claim for tax purposes. Count the employee and his or her dependents and any other person who qualifies as an exemption for tax purposes. The number of exemptions must be at least one (the employee). Check SINGLE if the employee is unmarried, widowed or divorced. Check MARRIED if the employee is married or separated.

**How many employers?** Enter the total number of employers that paid the employee in the last 52 weeks and have wages included below.

### Claim Information.

**Employer:** enter the company name of the employer where the employee was injured.

**Insurance Co:** give the name of the licensed insurer shown on the workers' compensation policy or the self-insured employer's name.

**Claim Administrator:** enter the name of the company handling the claim.

**Injury date:** Enter the date of the injury.

**Incapacity date:** Enter the first full calendar day that the employee was unable to work due to the injury.

**Hire date:** Enter the date the employee was hired (the first day the employee worked).

Wage information.

- Determine the first week of wages to include.

Identify the incapacity date: the first full calendar day that the employee was unable to work due to the injury.

Include 52 weeks of wages before the incapacity date **from all employers**.

- List 52 **CONSECUTIVE** weeks of gross wages from all employers working backwards from the incapacity date.
  - For each week, enter:
    - Week ending date.
    - Gross wages. Include overtime, bonus, commissions, shift differential, and paid time off.
  - Enter zero as gross wages for any week in the prior 52 weeks where the employee had no earnings.
  - Total earnings:
    - Add the gross wages and enter the total for each column.
    - Add the two column totals and enter in #1 Combine Total Earnings
  - Average Weekly Wage:
    - Divide the combined total earnings by 52 weeks. Always divide by 52 weeks even if earnings were zero for some weeks.
    - Enter the result, the average weekly wage, in #3.

Preparer and Adjuster.

- Print Preparer Name and Date: Print the name of the person who filled out the form and enter the date the form was prepared.
- Printer Adjuster Name and Date: Print the name of the adjuster who checked the form and the date the form was completed.

Revised 01/2021