

The employee's new partial compensation rate is based on the claimant's present weekly earnings and is calculated as follows:

Calculation:	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	Average Weekly Wage at Time of Injury
Minus:	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	Present Weekly Earnings
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Subtotal
x 2/3 =	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	New Partial Compensation Rate (Subject to the Maximum Benefit)

Further matters agreed upon (list any previously unreported periods of compensation and/or actions in chronological order, as well as any additional information):

We, the undersigned, agree upon the facts represented by the above-named employee and their above-named employer:

SIGNATURE OF EMPLOYEE

DATE OF AGREEMENT

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH			DAY			YEAR			

SIGNATURE OF CLAIMS REPRESENTATIVE

Claims Representative Name _____
Phone Number () _____

If you have any questions or need information on the completion of this form, please contact the Bureau of Workers' Compensation:

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Only People with Hearing Loss
toll-free inside PA TTY: 800.362.4228
local & outside PA TTY: 717.772.4991

E-mail
ra-li-bwc-helpline@state.pa.us

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*