



Travis County Risk Management

700 Lavaca Street, 9th Floor • P.O. Box 1748 • Austin, Texas 78701 • (512) 854-9165

Instructions for Creating the DWC-3 (Employer's Wage Statement Report)

Purpose of the Form:

The form is needed to provide the employee's wage information to the carrier for calculating the employee's Average Weekly Wage (AWW) to establish benefits due to the employee or a beneficiary.

The AWW is based on the wages the employee earned in the 13 weeks immediately preceding the date of injury (or the wage a similar employee earned if the employee did not work the full 13-week period).

"Wages" include all forms of remuneration payable to an employee for personal services, including fringe benefits.

When should it be run?:

This report should be run at least 15 days after the injury date in order to capture the latest payroll information. Since Travis County runs a delayed payroll, the 15 day delay is needed in order to ensure that the most recent wage data is sent.

Who can run the report?:

The report can be run by anyone who has the "PA Reporting Role" in your department. That is typically your HR Administrators and Time Administrators.

Where do you send it?:

Once the report has been created, export it, and email it to Mario Gonzales (<mailto:mario.gonzales@traviscountytexas.gov>). The Risk Management team will add the social security number and any non-pecuniary wage information and send the report forward.



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Where is the report?:

The report is located on the TCSAP Internal Portal on the “Reporting” tab in the “Payroll” folder.

The screenshot shows the SAP BusinessObjects interface. At the top, there is a navigation bar with several tabs: HelpDesk, Manager Self-Service, Universal Worklist, Travel and Expenses, ERP_WebGui, Shopping Cart Monitor, HR Administrator, HR Approver, and Reporting. The Reporting tab is highlighted with a green circle. Below this is the BI Launchpad area. The main content area shows a 'Documents' view with a left-hand pane for 'My Documents' and a right-hand pane for 'Details'. In the 'My Documents' pane, the 'Public Folders' section is expanded, and the 'Payroll' folder is circled in green. In the 'Details' pane, a list of folders is shown, including 'Benefits (County-wide)', 'Elections Payroll (County Clerk)', 'Funds Management', 'Organizational Management', 'Organizational Management (County-wide)', 'Payroll', 'Payroll (County-wide)', 'SRM (Procurement)', 'Time Management', and 'Time Management (County-wide)'. A callout box points to the Reporting tab with the text: "This tab is available to all HR/Time Administrators".

	Payroll Details Report	Web Intelligence
	Payroll Expense Detail by Payment Date - Cost Object	Web Intelligence
	Payroll Expense Detail by Payment Date - Org Unit	Web Intelligence
	Payroll Posting Information	Web Intelligence
	Payroll Posting Information by Actual Payment Date by Dept	Web Intelligence
	Payroll Posting Information by Pay Period by Dept	Web Intelligence
	Workers Compensation Wages Report (DWC-003)	Crystal Reports

A callout box points to the 'Workers Compensation Wages Report (DWC-003)' row with the text: "Double-click the report to execute it."



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After executing the report you be taken to the prompt screen. At the prompt screen, select an Employee from the drop-down list and the date of Injury. You can search for an employee by typing their first or last name in the search box. You can also locate an employee by typing in the Employee ID number (PERNR).

Value	Path
00012417 - RACHEL ALVEAR FLORES	
00805123 - RACHEL ANNA DENTON	
00703911 - RACHEL E MARTINEZ	
00613803 - RACHEL F THOMPSON	
00010559 - RACHEL G BARCENAS	
00135967 - RACHEL GLORIA CASTRO	
00005038 - RACHEL H COFF	
00013224 - RACHEL LOUISE GAVENDA	
00761932 - RACHEL MAGDALAN EFFINGER	
00815013 - RACHEL MARIE SOMERS	
00142218 - RACHEL RIOS CASTRO	
00011434 - RACHEL TENORIO HERNANDEZ	
00009144 - RACHEL V ALEMAN	
00786815 - RACHELLE R TEMONEY	
00009813 - RENE RACHELLE SALINAS	



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After entering the Employee and the date of injury, click "Run."

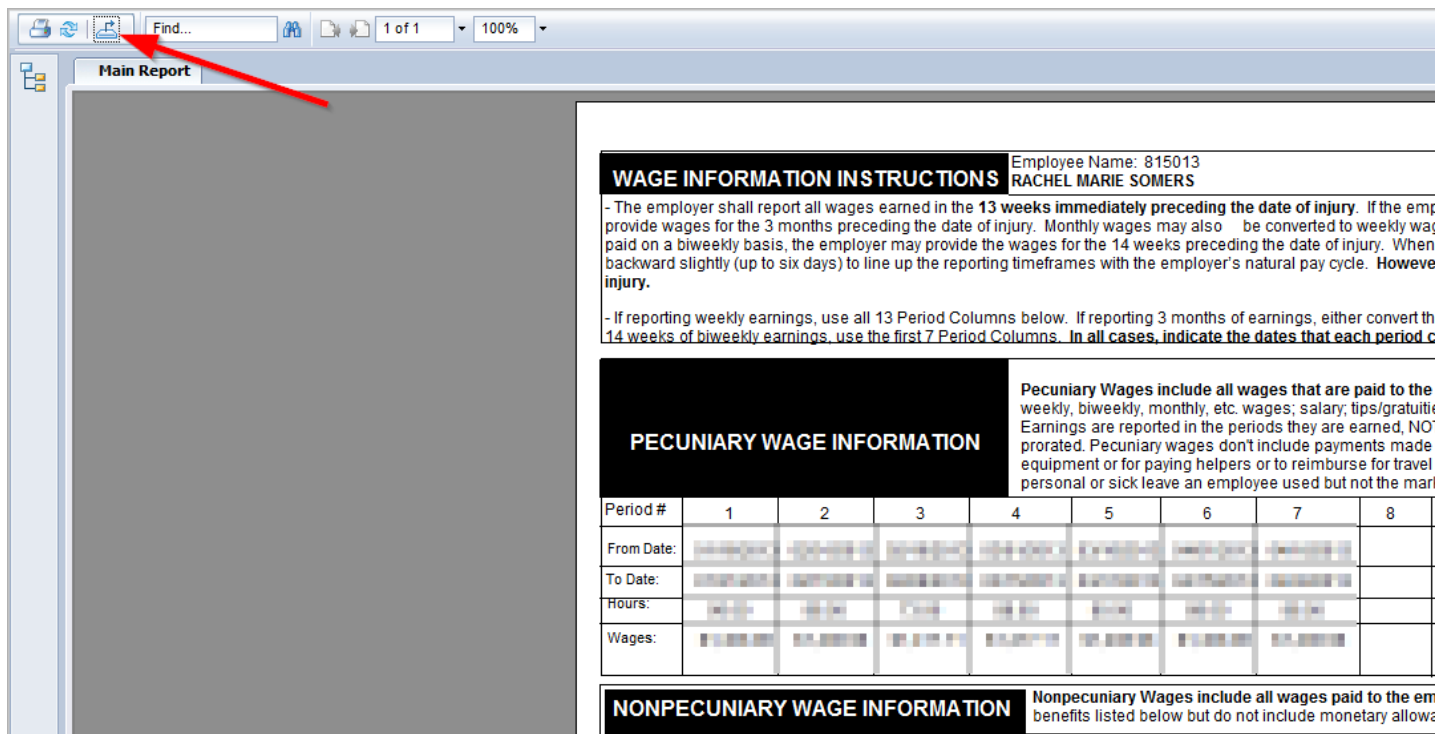
A screenshot of a software application window titled "Prompts". The window is divided into two main sections. On the left, under "Prompt Summary", there are two entries: "Employee (Single, Mandatory): 008" and "Date of Injury: 5/15/2013", both with green checkmarks. On the right, under "Select values for prompts", there are two dropdown menus. The first is for "Employee (Single, Mandatory)" with the value "00815013 - RACHEL MARIE SOMERS" selected. The second is for "Date of Injury" with the value "5 / 15 / 2013" selected. At the bottom right of the window, there is a "Run" button highlighted with a red rectangular border. A legend at the bottom left indicates that an asterisk (*) denotes "Required prompts".



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The report will retrieve the last 7 pay periods prior to the date of injury. After the data has been returned, you will need to export the report to “Rich Text Format (RTF).” To export the report, click the export button () in the top toolbar.



WAGE INFORMATION INSTRUCTIONS Employee Name: 815013
RACHEL MARIE SOMERS

- The employer shall report all wages earned in the 13 weeks immediately preceding the date of injury. If the employer provides wages for the 3 months preceding the date of injury. Monthly wages may also be converted to weekly wages paid on a biweekly basis, the employer may provide the wages for the 14 weeks preceding the date of injury. When backward slightly (up to six days) to line up the reporting timeframes with the employer's natural pay cycle. However, do not report wages for the 14 weeks immediately preceding the date of injury.

- If reporting weekly earnings, use all 13 Period Columns below. If reporting 3 months of earnings, either convert the 14 weeks of biweekly earnings, use the first 7 Period Columns. In all cases, indicate the dates that each period covers.

PECUNIARY WAGE INFORMATION

Pecuniary Wages include all wages that are paid to the employee, including weekly, biweekly, monthly, etc. wages; salary; tips/gratuities; overtime. Earnings are reported in the periods they are earned, NOT prorated. Pecuniary wages don't include payments made for travel, equipment or for paying helpers or to reimburse for travel, or personal or sick leave an employee used but not the mark.

Period #	1	2	3	4	5	6	7	8
From Date:	12/15/2013	12/22/2013	12/29/2013	01/05/2014	01/12/2014	01/19/2014	01/26/2014	
To Date:	12/15/2013	12/22/2013	12/29/2013	01/05/2014	01/12/2014	01/19/2014	01/26/2014	
Hours:	40.00	40.00	40.00	40.00	40.00	40.00	40.00	
Wages:	\$1,600.00	\$1,600.00	\$1,600.00	\$1,600.00	\$1,600.00	\$1,600.00	\$1,600.00	

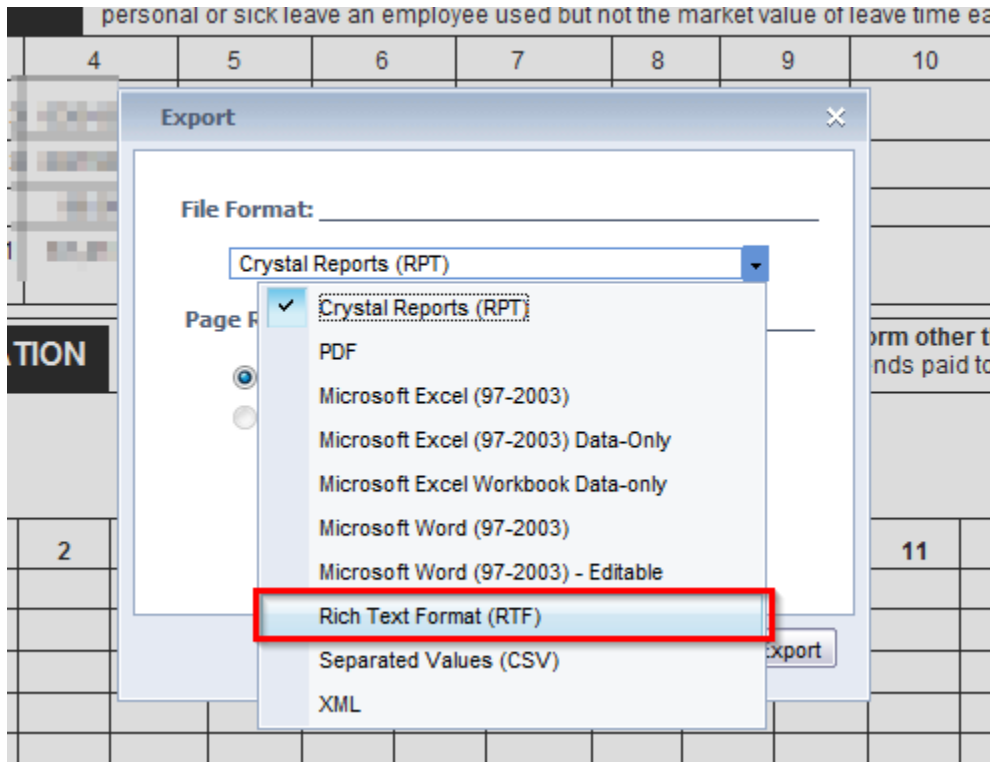
NONPECUNIARY WAGE INFORMATION Nonpecuniary Wages include all wages paid to the employee, including benefits listed below but do not include monetary allowances.



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Select “**Rich Text Format (RTF)**”





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Click the "Export" button.

A screenshot of an "Export" dialog box overlaid on a spreadsheet. The dialog box has a title bar with "Export" and a close button. It contains the following elements:

- File Format:** A text input field followed by a dropdown menu currently showing "Rich Text Format (RTF)".
- Page Range:** A text input field.
- Selection Options:** Two radio buttons: "All Pages" (which is selected) and "Select Pages".
- From:** A text input field.
- To:** A text input field.
- Export Button:** A button labeled "Export" located at the bottom right of the dialog box, highlighted with a red rectangular border.

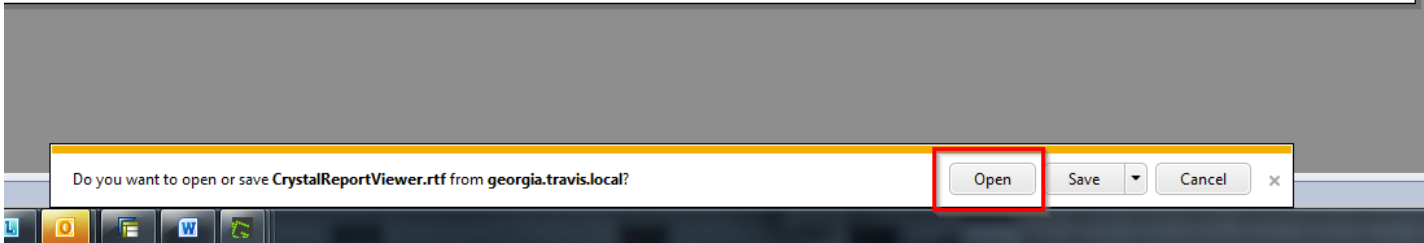


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After clicking “Export,” you will receive a popup at the bottom of your browser window. Click “Open” to open the file.

NONPECUNIARY WAGE INFORMATION			Nonpecuniary Wages include all wages paid to the employee in a form other than money. These include, but are not limited to, the benefits listed below but do not include monetary allowances or stipends paid to allow the employee to purchase the benefits													Will Employer Continue to Provide?		Date Benefit Suspended (if suspended)
Nonpecuniary Wage Type	Employer Provided Prior to Injury?		Specify Value Or Amount Earned in Each Reported Period For Each Benefit Provided Prior To Injury (Use the same periods as used above)													Yes	No	
	Yes	No	1	2	3	4	5	6	7	8	9	10	11	12	13			
Clothing Uniforms																		
Food/Meals																		
Health Insurance																		
Laundry/Cleaning																		
Lodging/Housing																		
Other																		
Vehicle/Fuel																		





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To modify the report, you will need to click the “Enable Editing” button located at the top of the screen.

Note: The social security number will not appear on this report. This information will be retrieved in a later step.



Complete if known:
 claim#
 Insurance carrier claim#

Employer's wage statement

Section 1: Injured employee information

1. Name (first, middle, last)	2. Social Security number (last four digits)
3. Address (street or PO Box, city, state, ZIP code)	4. Phone number (
5. Date of injury (mm/dd/yyyy)	6. Date of hire (mm/dd/yyyy)
7. First day of missed work (mm/dd/yyyy)	8. Returned to work on (mm/dd/yyyy) <input type="checkbox"/> Has not returned to work

Section 2: Employer information

9. Name	10. Address (street or PO box, city, state, ZIP code) Austin \$InsuredState\$ \$InsuredZipCode\$
11. Phone number (12. Federal tax ID number
13. Printed name (person submitting form)	14. Job title (person submitting form)

Section 3: Employment status at the time of injury

15. Check all that apply:

<input type="checkbox"/> Full-time: The employee regularly works 30 hours or more per week.
<input type="checkbox"/> Part-time regular course of conduct: The employee regularly works less than 30 hours per week.
<input type="checkbox"/> Part-time not regular course of conduct: The employee's work history for the 12-month period before the date of injury shows part-time and full-time work.
<input type="checkbox"/> Seasonal: The employee does temporary work to meet the employer's needs during certain times of the year.
<input type="checkbox"/> Apprentice: The employee is learning a new skilled trade by on-the-job training and studies.
<input type="checkbox"/> Minor: The employee is under 18 years of age and not married or emancipated by court action.
<input type="checkbox"/> Student: The employee is enrolled in a course of study (such as high school, college, or technical training).
<input type="checkbox"/> Trainee: The employee is being trained for the job they were originally hired to do.



Section 4: Wages and benefits (complete parts one and two)

Part 1: Wage information

16. The wage information on this form is for the injured employee or a similar employee.

17. Salary amount (if applicable) \$	18. Hourly rate (if applicable) \$	19. Daily pay (if applicable) \$	20. Other (if applicable) \$
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Week	21. Number of hours worked	22. Pay period dates (mm/dd/yyyy-mm/dd/yyyy)	23. Gross wage amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
24. Total gross wages			



Part 2: Nonpecuniary wage information (paid by employer only for injured employees)

List the amount of nonpecuniary wages in each pay period before the date of injury. Nonpecuniary wages are noncash benefits such as education fees or uniforms. Don't include cash allowances or stipends paid to allow the employee to purchase benefits. Those should be included as wages in box 20.

25. Nonpecuniary wages - complete below:

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay Period Week	a. Health insurance	b. Laundry/cleaning	c. Clothing/uniforms	d. Lodging/housing	e. Food/meals	f. Vehicle/fuel	g. Professional licenses	h. Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

26. Check if continued after date of injury:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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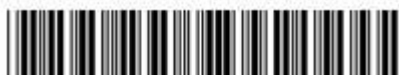
27. Date ended (mm/dd/yyyy)

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28. Certify with your signature.

I certify the information provided in this form is true and correct.

Signature _____ Date _____



FAQ

Employer's wage statement

When must an employer file the DWC Form-003, *Employer's Wage Statement*?

An employer must file the completed form with the insurance carrier, the injured employee, and the injured employee's representative (if any) within 30 days from the earliest of:

- the date the employer is notified that the employee is entitled to income benefits; or
- the date the employee's death is a result of the injury (compensable); and
- within seven days from getting a request from the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Note: An employer who fails to timely file a complete wage statement without good cause, as required by Texas Labor Code Section 408.063(c) and 28 Texas Administrative Code (TAC) Section 120.4(a), may be fined.

How do I report wages?

Report all wages **paid in the 13 weeks before the date of injury** according to the employee's pay period. Employers may report 14 weeks if paid biweekly or three months if paid monthly. In all cases, list the dates that each period covers.

- If the employee was **not employed for 13 weeks** before their injury, report wages of an employee who has the training, experience, skills, same pay, and same number of hours.
- If **no similar employee exists**, report all wages the injured employee earned before the injury (28 TAC Section 120.4).

Do I have to report non-pecuniary benefits?

Report all benefits paid to the employee in **a form other than money**. This includes, but is not limited to, the benefit categories listed in Section 4, Part 2.

What if my employee has multiple jobs?

The injured employee will submit the DWC Form-003ME, *Employee's Multiple Employment Wage Statement* to their other employer. The injured employee will submit the completed form to the insurance carrier (28 TAC Section 122.5).

What is average weekly wage?

The gross average amount of money the employer paid the injured employee each week in the 13 weeks before the injury or illness.

Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.