



Complete if known:
 DWC claim #
 Insurance carrier claim #

Employer's wage statement for school districts

Section 1: Injured employee information

1. Name (first, middle, last)	2. Social Security number (last four digits) XXX-XX-
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)
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

<p>15. Was the employee working through the entire calendar year (including summer)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, what were the dates and the number of days or months the employee was scheduled to work in the current school year? From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), which requires the employee to work _____ days or _____ months.</p>
<p>16. Check all that apply:</p> <p><input type="checkbox"/> Contract employee: The employee is paid for the number of days or months worked based on a written contract.</p> <p>Total gross amount (including stipends): \$ _____</p> <p><input type="checkbox"/> Salary non-contract employee: The employee is paid a set salary per month or year.</p> <p><input type="checkbox"/> Hourly non-contract employee: The employee is paid on an hourly basis.</p> <p><input type="checkbox"/> Daily non-contract employee: The employee is paid by the day.</p> <p><input type="checkbox"/> Other non-contract employee: (explain)</p>



Section 4: Earned wage information

Part 1: Non-contract employees only

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

18. Salary amount (if applicable) \$	19. Hourly rate (if applicable) \$	20. Daily pay (if applicable) \$	21. Other (if applicable) \$
22. Wages were earned: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly			

Week	23. Number of hours worked	24. Earned wage period <small>(mm/dd/yyyy-mm/dd/yyyy)</small>	25. Gross wage amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
26. Total gross wages			



Part 2. Annual wage information (all employees)

Month	27. Earned wage period (mm/dd/yyyy-mm/dd/yyyy)	28. Gross wage amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$

29. Total gross wages	\$
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30. Certify with your signature.

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

Signature _____ **Date** _____



FAQ

Employer's wage statement for school districts

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

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 TAC Section 120.4(a), may be fined.

How do I report wages?

For non-contract employees, report all wages **earned 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).

For contract employees, report gross wages of the contract including any stipends.

- If the employee did not work for your district for one of the months listed, type "NE" to show "not employed."
- If the employee worked for your district during the month, but they did not earn any wages, type "0."

What is average weekly wage?

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

Contract employee's average weekly wage (AWW) is calculated differently based on if the employee's written contract says they are paid based on months or number of days worked. You can learn more about how to calculate average weekly wage AWW at www.tdi.texas.gov/wc/employee/benefits.html.

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.

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.