B0048 Average Weekly Wage Calculation - Form 22

Purpose

The purpose of this report description is to develop a method of self-populating North Carolina Industrial Commission Form 22 using data contained in the Integrated HR-Payroll System.

Report Description

Form 22 is used in workers' compensation claims to calculate the injured employee's average weekly wage and the resulting weekly disability compensation rate based on earnings for the 52 weeks prior to the date of injury. Form 22 automation is a method of self-populating North Carolina Industrial Commission Form 22 using data contained in the Integrated HR-Payroll System.

Report Location

Workers Comp

Report Uses

This report provides data used to calculate the average weekly wage when an injured employee is entitled to disability compensation for a workers' compensation claim. The report contains the employee's statement of days worked and earnings covering the 365-day period prior to the injury.

The purpose of this report is to provide information documenting the basis for Form 22.

How to Generate This Report

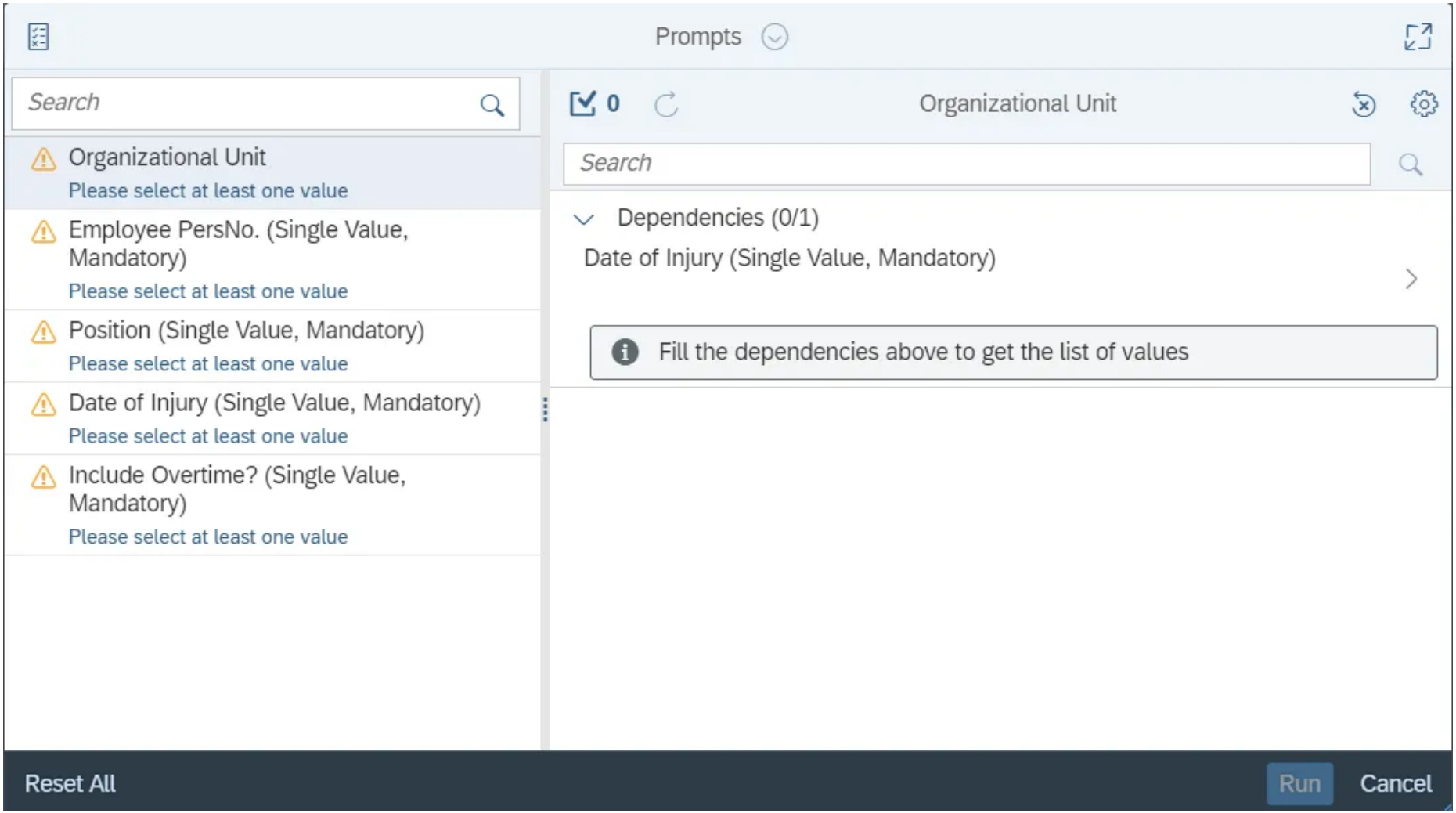
This report is generated after selecting values for the mandatory prompts. All mandatory prompts must have values selected before the Run Icon can be used to generate the report. Mandatory prompts can be identified as mandatory by the exclamation mark inside of the yellow-orange triangle, the square with the checkmark, or the display of (Mandatory). Detailed instructions for interaction with each prompt can be found on the Web Intelligence Prompt List on the OSC website.

The Mandatory prompts for this report are:

- Organizational Unit
- Employee PersNo. (Single Value, Mandatory)
- Position (Single Value, Mandatory)
- Date of Injury (Single Value, Mandatory)
- Include Overtime? (Single Value, Mandatory)

Note: “Date of Injury” needs to be entered before other prompts accept values.

Image



Initial Layout

This report contains two report tabs and a Report Info tab. Below are sample renderings from each tab.

1st Tab of B0048 Average Weekly Wage Calculation - Form 22

This tab contains Time and Payroll data for the 365-day period up to the injury date.

Page 1 of 1st tab

Image

North Carolina Industrial Commission

IC File #

Emp. Code #

Carrier Code # 999-154

Carrier File #

STATEMENT OF DAYS WORKED AND EARNINGS OF INJURED EMPLOYEE

The Use of This Form Is Required Under The Provisions of The Workers' Compensation Act

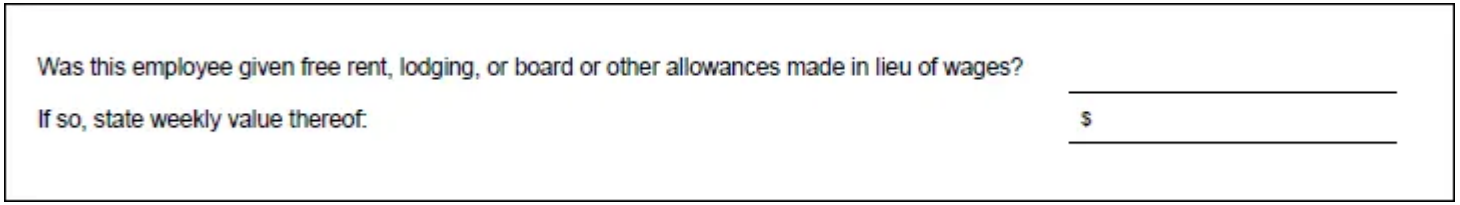
John A Doe			Health Human Services	444-123-4567		
Employee's Name			**Employer's Name**	**Telephone Number**		
1234 Sample Street			5678 Another Rd	Fun City	NC	24444
Address			**Employer's Address**	**City**	**State**	**Zip**
Sleepy Town	NC	25555	Always Insure			
City	**State**	**Zip**	**Insurance Carrier**			
555-444-3333		555-123-4567	PO Box 121212	Spooky Hollow	NC	23333
Home Telephone		**Work Telephone**	**Carrier's Address**	**City**	**State**	**Zip**
xxx-xx-1234	M	1/1/1979	1-888-555-1212	1-555-444-3333		
Last 4 Digits of SSN	**Sex**	**Date of Birth**	**Carrier's Telephone Number**	**Fax Number**		

Date of Injury: 10/5/2020

Year 2019-2020	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Amount Earned
OCT 2019							x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	2,376.34
NOV 2019				x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			2,833.33
DEC 2019		x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	2,833.33
JAN 2020	x	x	x			x	x	x	x	x				x	x	x	x			x	x	x	x	x			x	x	x	x	x	2,833.33
FEB 2020			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x				2,833.33
MAR 2020		x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	2,833.33
APR 2020	x	x	x			x	x	x	x	x				x	x	x	x			x	x	x	x	x			x	x	x	x		2,833.33
MAY 2020	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			2,833.33
JUN 2020	x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x		2,833.33
JUL 2020	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x	2,833.33
AUG 2020			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	2,833.33
SEP 2020	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x		2,833.33
OCT 2020	x	x																														528.20
Total																																34,071.18

Page 1 of 1st tab continued... (bottom of page)

Image



Page 2 of 1st tab

Image

The undersigned employer of **John A Doe**

(Name of Employee)

who alleges an injury on the **5th** (Day) of **October** (Month) **2020** (Year)

while in the employment of the undersigned, does hereby certify that the above is a true and correct statement of days worked and earnings of this employee during the 52 weeks immediately preceding the injury (or during the above weeks and parts thereof, if employed for less than 52 weeks) and while engaged in the occupation in which the employee was allegedly injured.

Health Human Services

Employer

By

Authorized Signature

11/25/2020

Date Signed

To Employer: Making a false statement for the purpose of denying workers' compensation benefits may result in civil or criminal penalties.

INSTRUCTIONS

This form must be completed and filed with the Commission in all cases resulting in death unless maximum compensation rate is stipulated. It must also be filed in any other case if there is a disagreement about earnings or if the Commission requests it.

In preparing this form, place an X in the proper squares to indicate days paid in full. Days the employee is on paid vacation leave and/or paid sick leave should be marked with an X. Leave blank squares to indicate days not paid in full for any reason. Total earnings for each pay period

2nd Tab of Form 22 Supplemental Data

This tab displays the detailed earnings for 365-day period up to the injury date. Earnings are broken out by month and Wage Type Grouping. Additional details can be navigated on to the report layout to further break out the earnings. See **Available Objects** section.

Image

Form 22 Supplemental Data

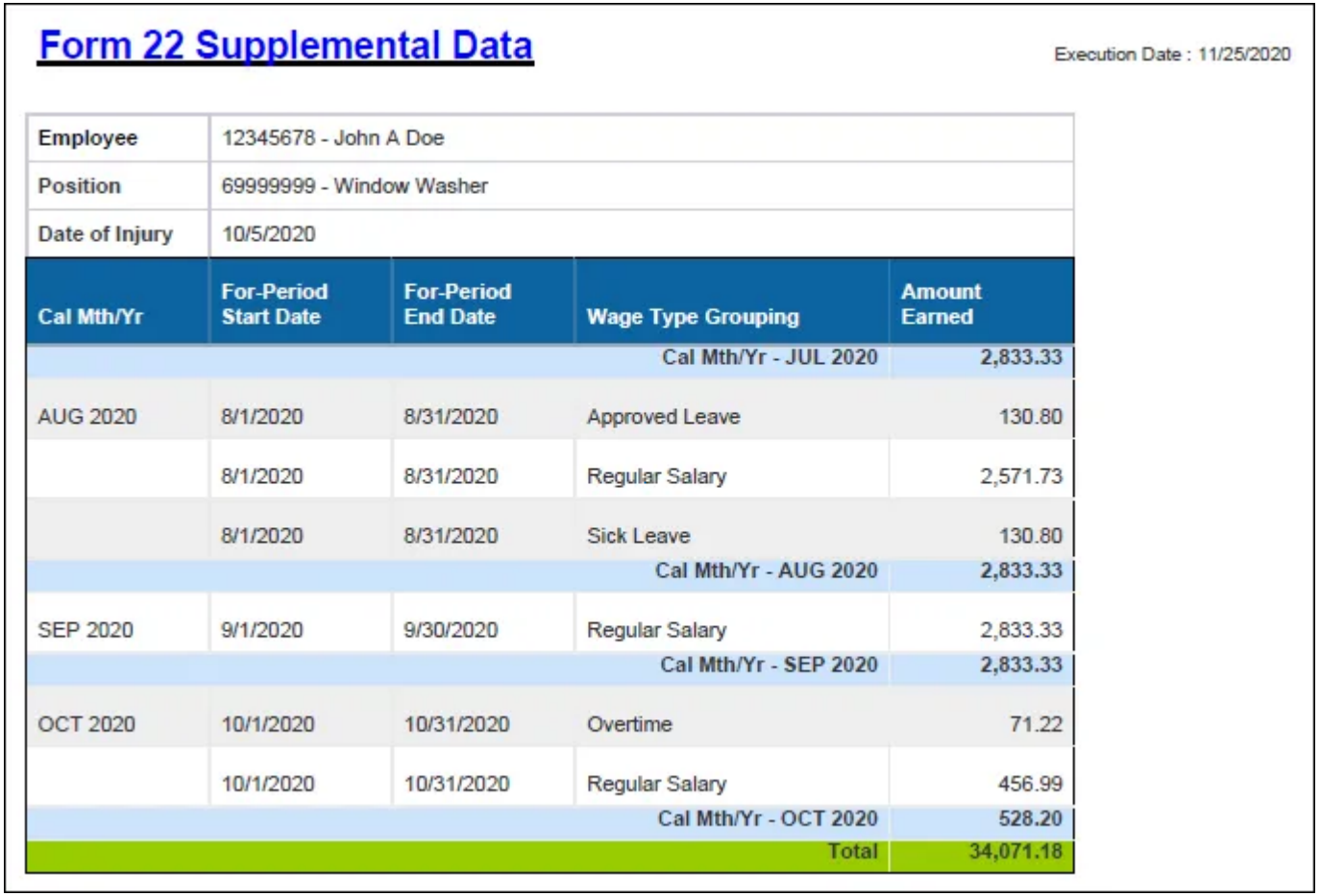
Execution Date : 11/25/2020

Employee	12345678 - John A Doe
Position	69999999 - Window Washer
Date of Injury	10/5/2020

Cal Mth/Yr	For-Period Start Date	For-Period End Date	Wage Type Grouping	Amount Earned
OCT 2019	10/1/2019	10/31/2019	Approved Leave	438.81
	10/1/2019	10/31/2019	Regular Salary	1,827.83
	10/1/2019	10/31/2019	Sick Leave	109.70
			Cal Mth/Yr - OCT 2019	**2,376.34**
NOV 2019	11/1/2019	11/30/2019	Regular Salary	2,833.33
			Cal Mth/Yr - NOV 2019	**2,833.33**
DEC 2019	12/1/2019	12/31/2019	Regular Salary	2,833.33
			Cal Mth/Yr - DEC 2019	**2,833.33**
JAN 2020	1/1/2020	1/31/2020	Approved Leave	261.60
	1/1/2020	1/31/2020	Regular Salary	2,310.13
	1/1/2020	1/31/2020	Sick Leave	261.60
			Cal Mth/Yr - JAN 2020	**2,833.33**
FEB 2020	2/1/2020	2/29/2020	Regular Salary	2,833.33
			Cal Mth/Yr - FEB 2020	**2,833.33**
MAR 2020	3/1/2020	3/31/2020	Regular Salary	2,571.73
	3/1/2020	3/31/2020	Sick Leave	261.60
			Cal Mth/Yr - MAR 2020	**2,833.33**
APR 2020	4/1/2020	4/30/2020	Regular Salary	2,833.33
			Cal Mth/Yr - APR 2020	**2,833.33**
MAY 2020	5/1/2020	5/31/2020	Regular Salary	2,833.33
			Cal Mth/Yr - MAY 2020	**2,833.33**
JUN 2020	6/1/2020	6/30/2020	Approved Leave	392.40
	6/1/2020	6/30/2020	Regular Salary	1,917.73

2nd tab continued...

Image



Form 22 Supplemental Data

Execution Date : 11/25/2020

Employee	12345678 - John A Doe
Position	69999999 - Window Washer
Date of Injury	10/5/2020

Cal Mth/Yr	For-Period Start Date	For-Period End Date	Wage Type Grouping	Amount Earned
			Cal Mth/Yr - JUL 2020	**2,833.33**
AUG 2020	8/1/2020	8/31/2020	Approved Leave	130.80
	8/1/2020	8/31/2020	Regular Salary	2,571.73
	8/1/2020	8/31/2020	Sick Leave	130.80
			Cal Mth/Yr - AUG 2020	**2,833.33**
SEP 2020	9/1/2020	9/30/2020	Regular Salary	2,833.33
			Cal Mth/Yr - SEP 2020	**2,833.33**
OCT 2020	10/1/2020	10/31/2020	Overtime	71.22
	10/1/2020	10/31/2020	Regular Salary	456.99
			Cal Mth/Yr - OCT 2020	**528.20**
			Total	**34,071.18**

3rd Tab of Report Info

Image

Report Info

Execution Date : 10/6/20

Prompt Input

Organizational Unit	Health and Human Services
Employee PersNo.	12345678
Position	69999999
Date of Injury	10/5/2020
Include Overtime?	Yes

B0048: Average Weekly Wage Calculation - Form 22

Hyperlink to report description document

Form 22 is used in workers' compensation claims to calculate the injured employee's average weekly wage and resulting weekly disability compensation rate based on earnings for the 52 weeks prior to the date of injury. Form 22 automation is a method of self-populating North Carolina Industrial Commission Form 22 using data contained in Beacon.

NOTE:

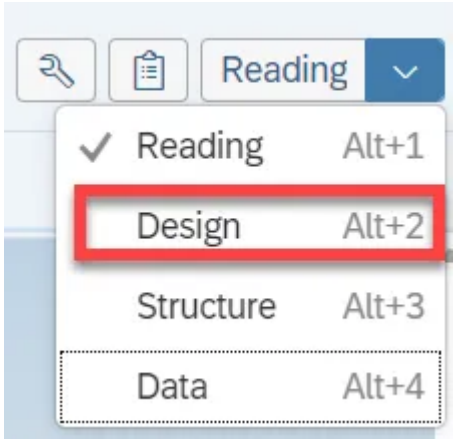
- The Workers Comp security role is required to access report.
- The report displays data for the 365-day period prior to the Injury Date specified in the prompt input. Position number is a required prompt. The data collected is only for the time in which the employee occupied the specified position during the 365-day period.
- Employee address info is the employee permanent address (subtype 1) from PA infotype 0006. If data rendered on the report does not reflect the employee's most current address, then the infotype data must be updated before re-running the report.
- Employer Name is based on Personnel Area tied to the position at time of injury. Employer address info is the position main address (subtype 9001 from OM infotype 1028) at time of injury.
- The x's appearing in the crosstab table represent actual time entry from recorded absences (IT 2001) and attendances (IT 2002). For negative time employees, we are looking at actual absences recorded on IT2001, then follow the assumption that the days not accounted for with absences are worked as expected based on the assigned standard 5x8 Monday - Friday work schedule.

Manual Data Entry

If the employee was given any type of allowance in lieu of wages, manually fill in this section of the report. There are 6 steps to complete this process.

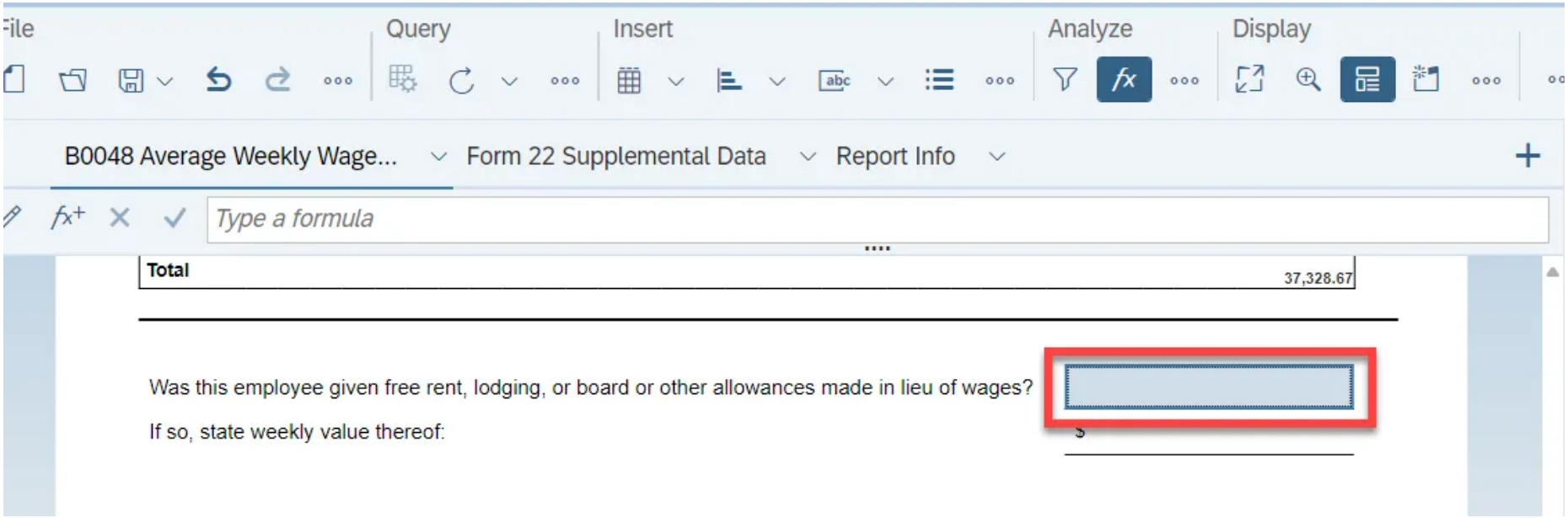
Step 1. Click on Design button to put the layout in edit mode.

Image



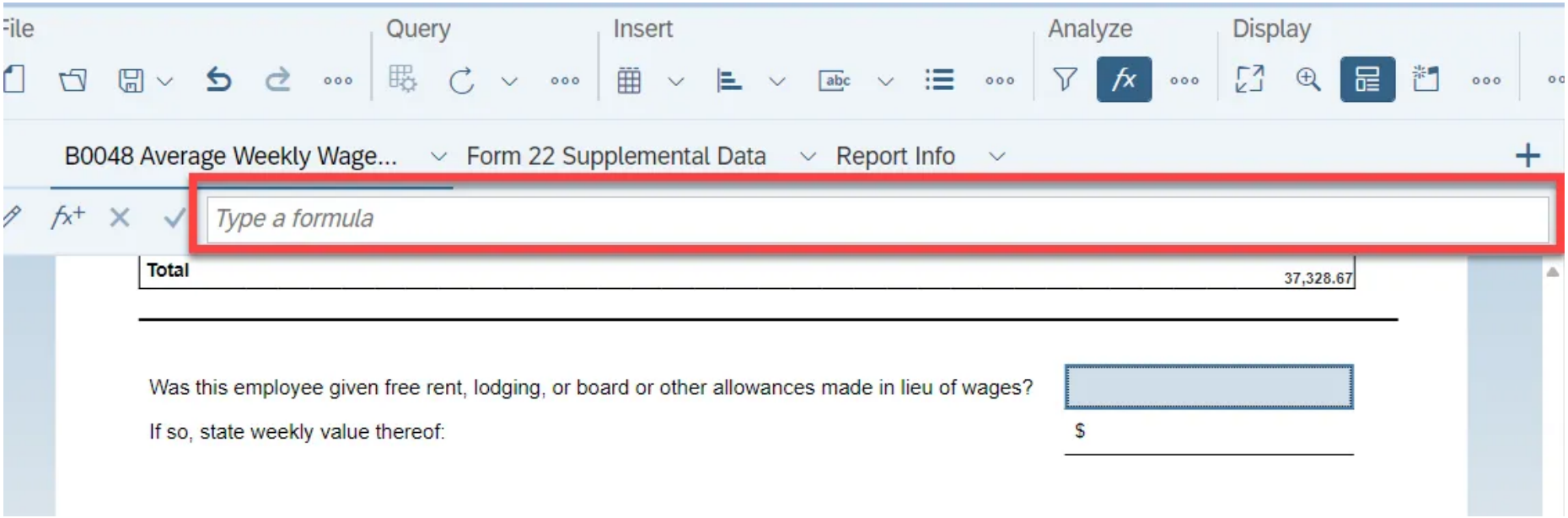
Step 2. Click cell to be edited.

Image



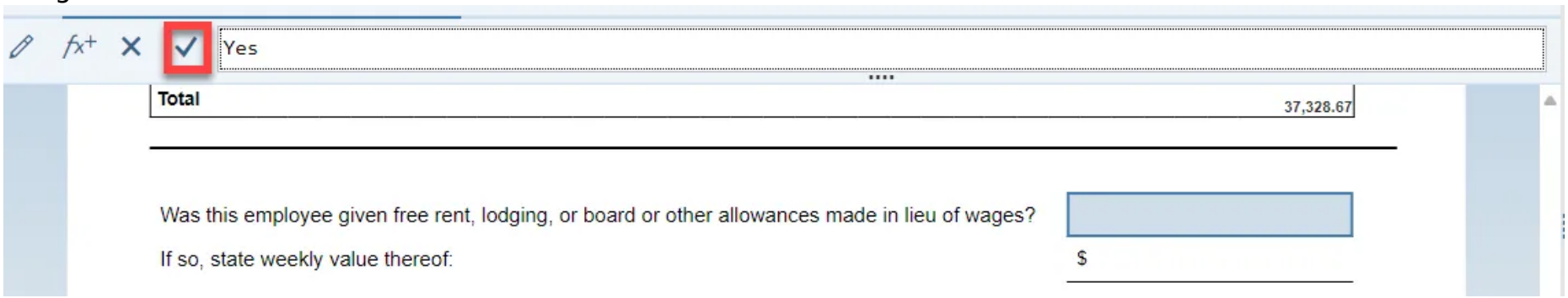
Step 3. A formula bar should appear at the top of the screen. Type the text into the white area.

Image



Step 4. Click on the green checkmark to accept your typed value.

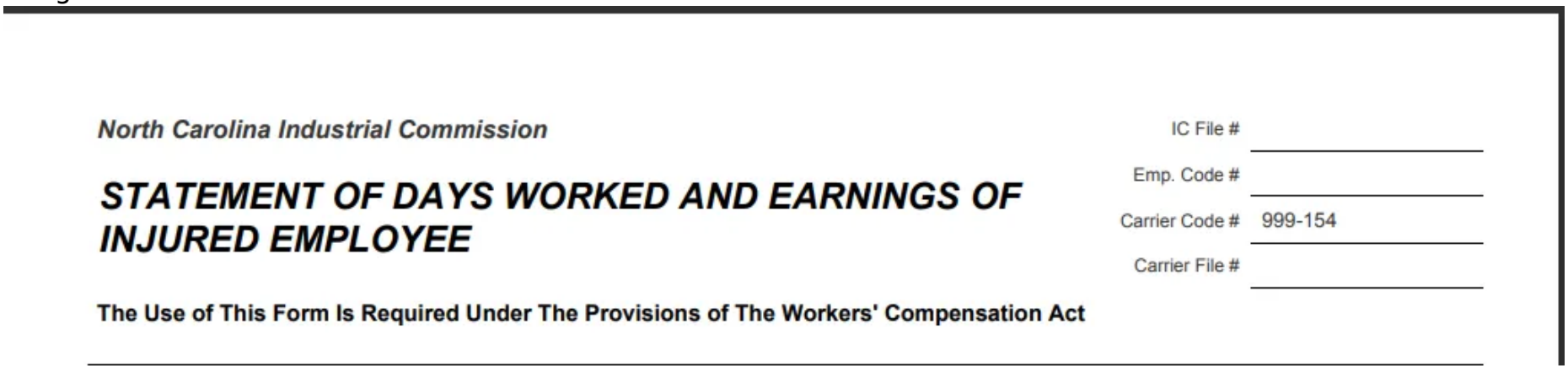
Image



Step 5. Repeat steps 2-4 to edit the next cell.

Step 6. Follow the same steps above to enter data for the Carrier section at the top of the report.

Image



Available Objects

This is a list of the available objects that can be added to the report, from the Document Dictionary once in the Design mode:

Dimensions

- Address Line 1
- Cal Mth/Yr
- Calendar Day
- City
- Date of Birth
- EE Time Mngt. Status
- Emp Work Phone
- Employee (Employee Address)
- Employee (Time & Earnings)
- For-Period End Date
- For-Period Payroll Area

- For-Period Start Date
- Gender
- Organizational Unit
- Position
- Postal Code
- Run Number
- State
- Telephone #
- Wage Type
- Wage Type Grouping

Measures

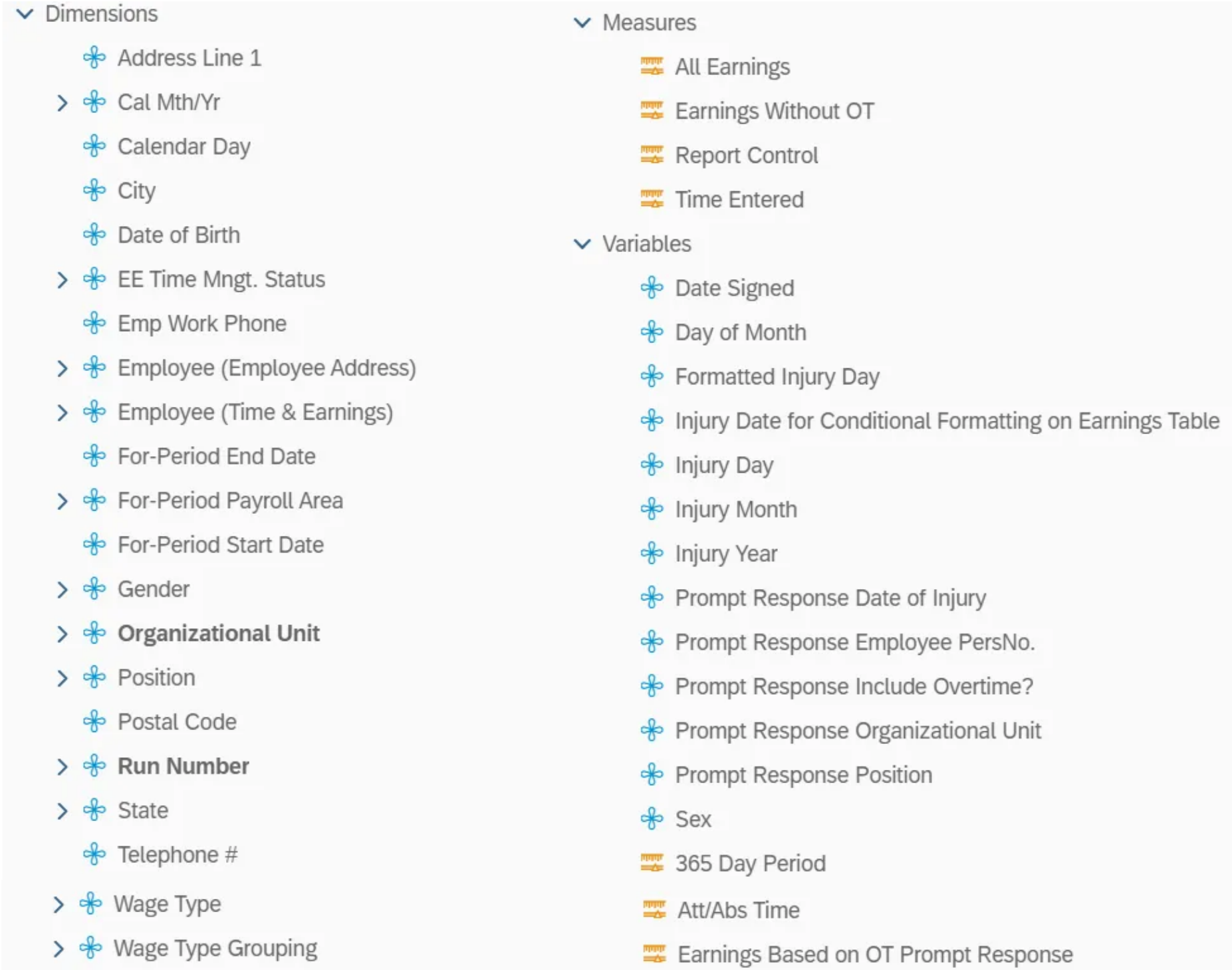
- All Earnings
- Earnings Without OT
- Report Control
- Time Entered

Variables

- Date Signed
- Day of Month
- Formatted Injury Date
- Injury Date for Conditional Formatting on Earnings Table
- Injury Day
- Injury Month
- Injury Year
- Prompt Response Date of Injury

- Prompt Response Employee PersNo.
- Prompt Response Include Overtime?
- Prompt Response Organizational Unit
- Prompt Response Position
- Sex
- 365 Day Period
- Att/Abs Time
- Earnings Based on OT Prompt Response

Image


Dimensions
Address Line 1
Cal Mth/Yr
Calendar Day
City
Date of Birth
EE Time Mngt. Status
Emp Work Phone
Employee (Employee Address)
Employee (Time & Earnings)
For-Period End Date
For-Period Payroll Area
For-Period Start Date
Gender
Organizational Unit
Position
Postal Code
Run Number
State
Telephone #
Wage Type
Wage Type Grouping
Measures
All Earnings
Earnings Without OT
Report Control
Time Entered
Variables
Date Signed
Day of Month
Formatted Injury Day
Injury Date for Conditional Formatting on Earnings Table
Injury Day
Injury Month
Injury Year
Prompt Response Date of Injury
Prompt Response Employee PersNo.
Prompt Response Include Overtime?
Prompt Response Organizational Unit
Prompt Response Position
Sex
365 Day Period
Att/Abs Time
Earnings Based on OT Prompt Response

Additional navigation is supported for the 2nd tab only **(Form 22 Supplemental Data)**, in Design mode.

Only the following **two** data elements are supported for additional detail breakout of the supplemental data.

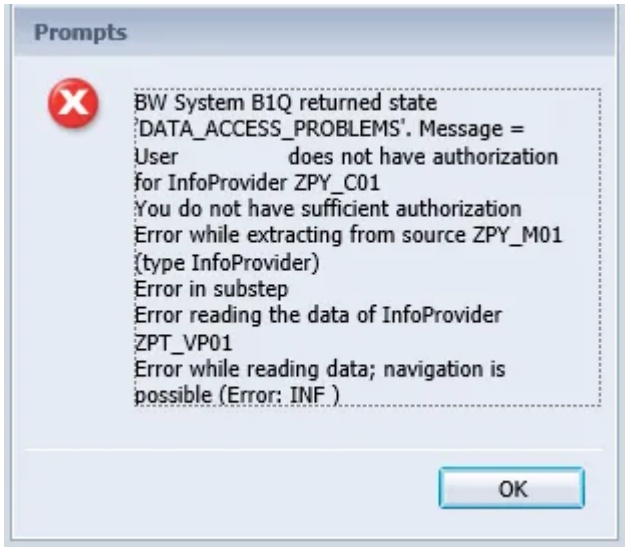
Image



Special Report Considerations/Features

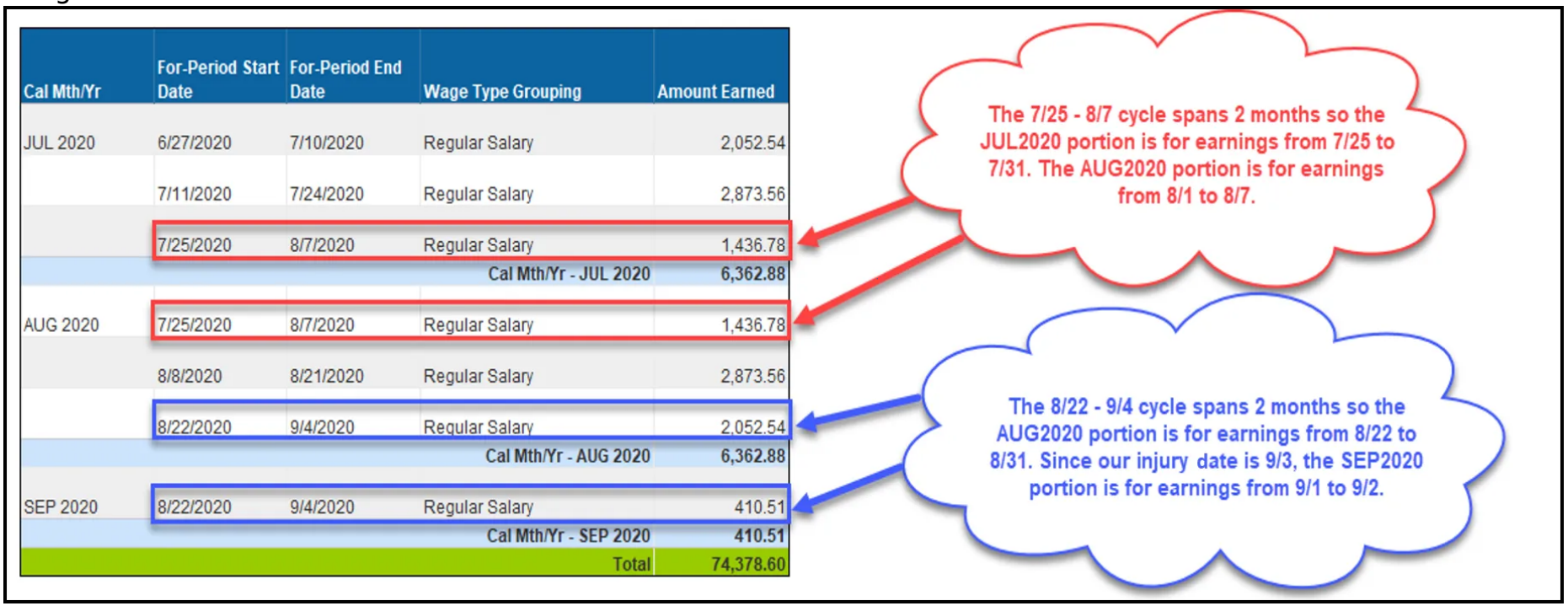
- The Workers Comp security role is required to access report.
    - ZBI / BOBJ - Workers' Comp - FORM 22
- If you receive the following error, please open a trouble ticket with BEST Shared Services and ask that the ticket be routed to the Security team.

Image



- The report displays data for the 365-day period prior to the Injury Date specified in the prompt input. Position number is a required prompt. The data collected is for the time in which the employee occupied the specified position only during the 365-day period.
- Employee address info is the employee permanent address (subtype 1) from PA Infotype 0006. If data rendered on the report does not reflect the employee's most current address, then the Infotype data must be updated before re-running the report.
- Employer Name is based on Personnel Area tied to the position at time of injury. Employer address is the position main address (subtype 9001 from OM Infotype 1028) at time of injury.
- The Xs appearing in the crosstab table represent actual time entry from recorded absences (IT 2001) and attendances (IT 2002). For negative time employees, we are looking at actual absences recorded on IT2001, then follow the assumption that the days not accounted for with absences are worked as expected based on the assigned standard 5x8 Monday - Friday work schedule.
- The earnings data is broken out by calendar month based on the For-Period Date Range. A clear example of this can be seen for Bi-Weekly employees where the For-Period cycle spans 2 different months.
    - In the example below, our employee is Bi-Weekly with an injury date of 9/3/2020.

Image



- The following Wage Types are selected for reporting. This table can be displayed in ERP using transaction ZPTFORM22.

Wage Type Grouping	Wage Type	Wage Type Text
Regular Salary	1000	Regular Salary
Regular Salary	1100	Salaried/Hourly Pay
Regular Salary	1150	10 or 11 pd over 12
Regular Salary	1155	12 over 12
Regular Salary	1160	SPA 11 ov 12 no contract
Regular Salary	1175	10 over 10 or 11 over 11

Wage Type Grouping	Wage Type	Wage Type Text
Regular Salary	1200	Regular Hours
Temp Post Disaster DOT	1201	Temp Post Disaster DOT
Temp Coop Ed Student DOT	1202	Temp Coop Ed Student DOT
Temp Labor DOT	1203	Temp Labor DOT
Temp Labor Grant DOT	1204	Temp Labor Grant DOT
Temporary Hours	1205	Temporary Hours
Overtime	1210	Overtime
Overtime	1211	Straight Time/OT 1.0
Overtime	1212	Overtime Premium
Longevity Pay	1220	Annual Longevity
Longevity Pay	1230	Monthly Longevity
Paid Holiday	1240	Holiday Premium Pay
Shift Differential	1250	Shift Premium 5%
Shift Differential	1251	Shift Premium 10%
Shift Differential	1252	Shift Premium 15%
Shift Differential	1253	Shift Premium 20%
Shift Differential	1254	Shift Premium 25%
Shift Differential	1255	Shift Premium 30%
Shift Differential	1256	Shift Premium Other
Custody Differential	1261	Custody Differential 10%
Custody Differential	1263	Custody Differential 20%
Temp Wg-SepPayCont-RIFLEO	1264	Temp Wg-SepPayCont-RIFLEO

Wage Type Grouping	Wage Type	Wage Type Text
Approved Leave	1301	Vacation Leave
Sick Leave	1302	Sick Leave
Bonus Leave	1304	Bonus Leave
Other Paid Leave	1305	Holiday Premium Payout
Approved Leave	1306	Holiday Comp Leave
Overtime	1307	Gap Hours Pay
Other Paid Leave	1312	Other Mgmt Approved Leave
Other Paid Leave	1313	Adverse Weather
Other Paid Leave	1314	Administrative Leave-CDE
Other Paid Leave	1315	Civil Leave
Other Paid Leave	1316	Community Service Leave
Other Paid Leave	1317	Community Serv Tutoring
Other Paid Leave	1318	Educational Leave
Injury	1319	Injury Leave
Approved Leave	1323	Emergency Closing Comp Lv
Paid Holiday	1325	Paid Holiday
Approved Leave	1326	Voluntary Shared Leave
Approved Leave	1327	Comp Leave
Injury	1329	Injury Absence WC
Approved Leave	1330	Paid Leave
Approved Leave	1331	On Call Comp Leave
Other Paid Leave	1339	Bereavement Leave Family

Wage Type Grouping	Wage Type	Wage Type Text
Approved Leave	1340	Vacation Leave
Sick Leave	1341	Sick Leave
Paid Holiday	1342	Paid Holiday
Approved Leave	1343	Comp Leave
Approved Leave	1344	Travel Comp Time
Gap Leave	1350	Gap Hours Leave
Bonus Leave	1356	FY2012-13 Special Leave
Approved Leave	1358	Callback Comp Leave
Approved Leave	1360	Incentive Leave
Bonus Leave	1361	Special Leave
Bonus Leave	1363	Special Bonus FY 2018
Bonus Leave	1364	Special Bonus FY19-20
Other Paid Leave	1366	Literacy Volunteer Leave
Parental Leave	1370	Parental Leave 4 week
Parental Leave	1371	Parental Leave 8 week
Other Paid Leave	1373	Investigatory Leave
Other Paid Leave	1374	OMAL – Non-Discretionary
Other Paid Leave	1375	OMAL – Discretionary
Other Paid Leave	1376	OMAL- Emergency Closing
Other Paid Leave	1377	OMAL- Relief Efforts
Other Paid Leave	1378	OMAL – Medical
Other Paid Leave	1379	State of Emergency Leave

Wage Type Grouping	Wage Type	Wage Type Text
Shift Differential	1380	CDE Closing Shift
Other Paid Leave	1381	CDE Care Leave
Other Paid Leave	1382	Comm Disease Comp Leave
Shift Differential	1385	SOE Shift Premium
Other Paid Leave	1386	FFCRA Family Care
Other Paid Leave	1388	FFCRA Employee Care
Other Paid Leave	1389	FFCRA EFMLEA
Other Paid Leave	1390	CDE Eldercare/ No TLW
Other Paid Leave	1392	CDE Elder/No TLW 1/3
Other Paid Leave	1394	CDE Care Leave
Other Paid Leave	1396	Personal Observance Leave
Other Paid Leave	1397	Bereavement Leave Other
Regular Salary	1424	Temporary Higher Duty Pay
Regular Salary	1425	Special Assignment Pay
High Need Supplement	1430	High Need Supp Payout
High Need Supplement	1431	High Need Supplement 1
High Need Supplement	1432	High Need Supplement 2
High Need Supplement	1433	High Need Supplement 3
Regular Salary	1637	Back Pay
Supplement	1703	Teaching Supplement

- If you select ‘No’ for the “Include Overtime?” prompt, the following Wage Types are excluded.

Wage Type Grouping	Wage Type	Wage Type Text
Overtime	1210	Overtime
Overtime	1211	Straight Time/OT 1.0
Overtime	1212	Overtime Premium
Overtime	1307	Gap Hours Pay

Payroll Reconciliation

- The earnings data generated in the Amount Earned section of the Form 22 – Average Weekly Wage Calculation report can be mapped back to payroll earnings posted in the PC_PAYRESULT table for the employees For-Period. It is important to note that the Renumeration Statement details earnings for an employees' In-Period earnings; it also includes differences for retro earnings from previous periods. The Form 22 groups the retro earnings together as if they were paid accumulative originally.
- Wage Type Reporter (PC00_M99_CWTR) can be used to validate For-Period earnings by selecting variant Z_FORM22. Fields that will need selection criteria include the Personnel Number and the payroll period.

First Published

Sat, 05/01/2021

Last Updated

Fri, 01/02/2026

Printable PDF