



AVERAGE WEEKLY WAGE CALCULATION - FORM 22

BOBJ

REPORT DESCRIPTION B0048 | WEB INTELLIGENCE

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.

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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 at <https://www.osc.nc.gov/documents/files/web-intelligence-prompts>.

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.

The screenshot shows a software interface titled "Prompts". On the left side, there is a list of prompts, each with a warning icon (a triangle with an exclamation mark) and the text "Please select at least one value". The prompts are: "Organizational Unit", "Employee PersNo. (Single Value, Mandatory)", "Position (Single Value, Mandatory)", "Date of Injury (Single Value, Mandatory)", and "Include Overtime? (Single Value, Mandatory)".

On the right side, the "Organizational Unit" prompt is selected, and its dependencies are shown. A search bar is present above the dependencies. Under "Dependencies (0/1)", the "Date of Injury (Single Value, Mandatory)" prompt is listed. Below the dependencies, there is a grey box with an information icon and the text: "Fill the dependencies above to get the list of values".

At the bottom of the interface, there are three buttons: "Reset All", "Run", and "Cancel".

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

<i>North Carolina Industrial Commission</i>			IC File # _____		
STATEMENT OF DAYS WORKED AND EARNINGS OF INJURED EMPLOYEE			Emp. Code # _____		
			Carrier Code # 999-154		
			Carrier File # _____		
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	
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	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				
2019-2020																																				
OCT 2019							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																				2,833.33
DEC 2019			x	x	x	x	x																													2,833.33
JAN 2020	x	x	x																																	2,833.33
FEB 2020				x	x	x	x	x																												2,833.33
MAR 2020			x	x	x	x	x																													2,833.33
APR 2020	x	x	x																																	2,833.33
MAY 2020	x																																			2,833.33
JUN 2020	x	x	x	x	x																															2,833.33
JUL 2020	x	x	x																																	2,833.33
AUG 2020				x	x	x	x																													2,833.33
SEP 2020	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)

Was this employee given free rent, lodging, or board or other allowances made in lieu of wages? _____

If so, state weekly value thereof: \$ _____

Page 2 of 1st tab

The undersigned employer of John A Doe
(Name of Employee)

who alleges an injury on the 5th of October 2020
(Day) (Month) (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 should be placed in the proper column. If the employee's job or pay rate was changed during the reported period, this should be noted, with an indication as to the nature of the change.

The employer code number and the carrier code number, if any, must be inserted in the proper place at the upper right-hand corner of the form.

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.

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	
	6/1/2020	6/30/2020	Sick Leave	523.20	
Cal Mth/Yr - JUN 2020				2,833.33	
JUL 2020	7/1/2020	7/31/2020	Approved Leave	261.60	
	7/1/2020	7/31/2020	Regular Salary	2,571.73	

2nd tab continued...

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:

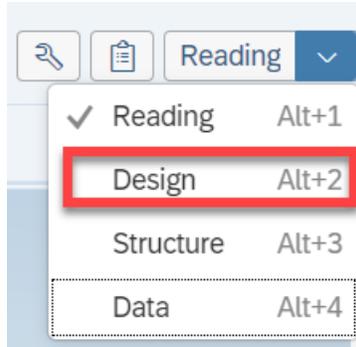
Report Info		Execution Date : 10/6/20
Prompt Input		
Organizational Unit	Health and Human Services	
Employee PersNo.	12345678	
Position	69999999	
Date of Injury	10/5/2020	
Include Overtime?	Yes	
<p>B0048: Average Weekly Wage Calculation - Form 22</p> <p>Form 22 is used in workers' compensation claims 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.</p> <p>NOTE:</p> <ul style="list-style-type: none"> 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. 		



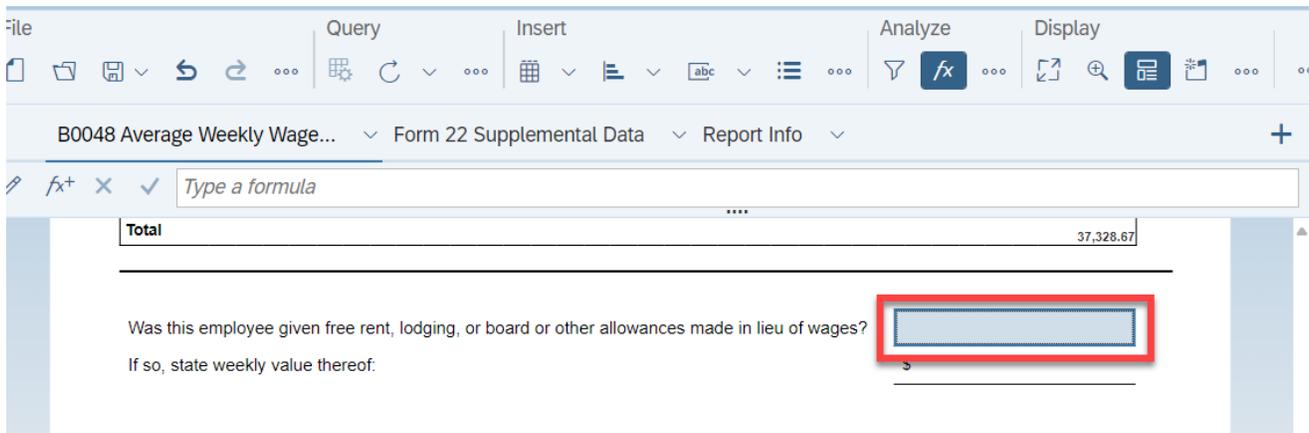
Manual Data Entry

If the employee was given any type of allowance in lieu of wages, manually fill in this section of the report.

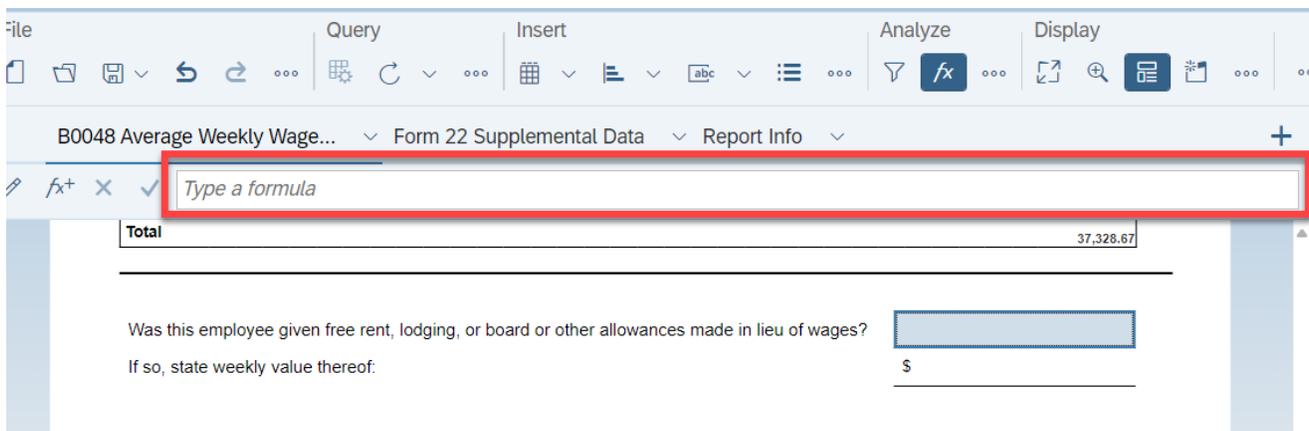
1. Click on Design button to put the layout in edit mode.



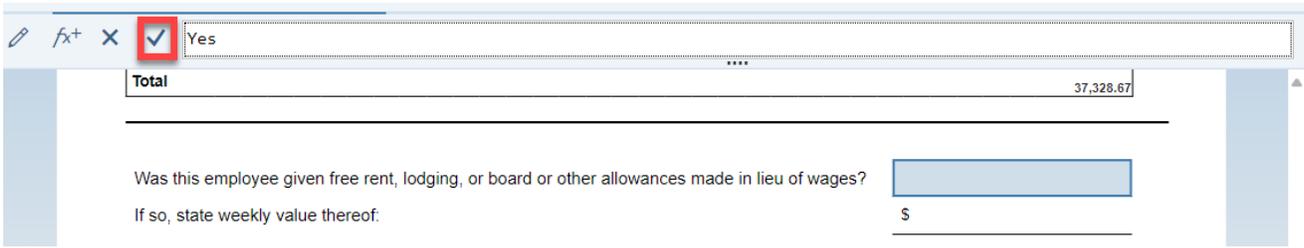
2. Click cell to be edited.



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



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



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

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

North Carolina Industrial Commission

STATEMENT OF DAYS WORKED AND EARNINGS OF INJURED EMPLOYEE

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

IC File # _____

Emp. Code # _____

Carrier Code # 999-154 _____

Carrier File # _____

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

<ul style="list-style-type: none"> ▼ 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 	<ul style="list-style-type: none"> ▼ 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
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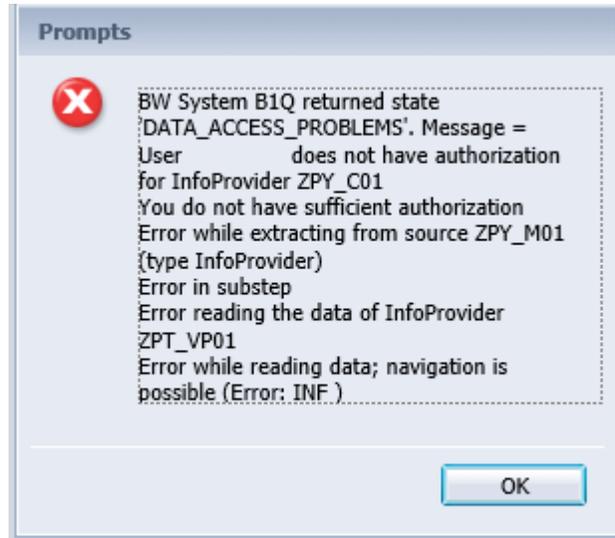
Additional navigation is supported for the 2nd tab only (**Form 22 Supplemental Data**), in Design mode.

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

- > ✚ **Organizational Unit**
- > ✚ **Wage Type**

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.



- 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.

Cal Mth/Yr	For-Period Start Date	For-Period End Date	Wage Type Grouping	Amount Earned
JUL 2020	6/27/2020	7/10/2020	Regular Salary	2,052.54
	7/11/2020	7/24/2020	Regular Salary	2,873.56
	7/25/2020	8/7/2020	Regular Salary	1,436.78
Cal Mth/Yr - JUL 2020				6,362.88
AUG 2020	7/25/2020	8/7/2020	Regular Salary	1,436.78
	8/8/2020	8/21/2020	Regular Salary	2,873.56
	8/22/2020	9/4/2020	Regular Salary	2,052.54
Cal Mth/Yr - AUG 2020				6,362.88
SEP 2020	8/22/2020	9/4/2020	Regular Salary	410.51
Cal Mth/Yr - SEP 2020				410.51
Total				74,378.60

The 7/25 - 8/7 cycle spans 2 months so the JUL2020 portion is for earnings from 7/25 to 7/31. The AUG2020 portion is for earnings from 8/1 to 8/7.

The 8/22 - 9/4 cycle spans 2 months so the AUG2020 portion is for earnings from 8/22 to 8/31. Since our injury date is 9/3, the SEP2020 portion is for earnings from 9/1 to 9/2.

- 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
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
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
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
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.

CHANGE LOG**Effective 11/10/2020**

- Initial report creation.

Effective 12/9/2020

- Wage Type 1383 (CDE Worked Premium) removed from report.

Effective 12/17/2020

- Additional content added to the **Special Report Considerations/Features** section regarding possible security error message.

Effective 12/29/2020

- Wage Types 1341/1342/1343 added to report. Wage Type Grouping table updated.

Effective 1/26/2021

- Wage Types 1319/1329 added to report. Updated '**Special Report Considerations/Features**' section to include new Wage Types in Wage Type Grouping table and documented transaction code for displaying Wage Type Grouping table in ERP.

Effective 2/8/2021

- Added content to new **Payroll Reconciliation** section.

Effective 2/24/2021

- Updated format and alt text. L. Lee

Effective 4/8/2021

- Wage Types 1425/1637 added to report. Wage Type Grouping table updated.

Effective 4/15/2021

- Wage Types 1150/1155/1160/1175/1703 added to report. Wage Type Grouping table updated.

Effective 6/16/2022

- Wage Type 1396 added to report. Wage Type Grouping table updated. T. Cooper

Effective 12/15/2022

- Updated Employer block to retrieve position address at time of injury. T. Cooper

Effective 12/19/2022

- Updated Alt Text and grammatical change to BI Weekly injury date screen capture. L. Lee

Effective 6/29/23

- Updated form L. Williams

Effective 7/1/2023

- Changed the Workers Compensation Insurance carrier. S. Rich

Effective 10/7/2024

- Update to Business Objects 4.3 -K.Cox