

Claimant's Name _____		SSN _____	Employer's Name _____				
Address _____	City _____	State _____	Zip _____	Address _____	City _____	State _____	Zip _____
Home Phone # _____		Work Phone # _____		Insurance Carrier _____			
Preparer's Name _____				Phone # _____			

**Supplemental Report of Varying Temporary Partial Payments**

Date of injury: \_\_\_\_\_  
month day year

From \_\_\_\_\_ through \_\_\_\_\_, claimant was paid \$ \_\_\_\_\_ per week as temporary partial compensation. The weekly wage before the injury was \$ \_\_\_\_\_. The weekly wage for this period was \$ \_\_\_\_\_.

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in an ongoing period of temporary partial, when the compensation rate varies from week to week, the employers representative shall report the first payment on a Form 15 according to R.67-503. Supplemental payments shall be reported on a Form 15S, to be filed with the document stopping that period of temporary partial compensation or with the Form 18, which shall be filed six months after the date of injury and each six months thereafter until the file is closed. See R.67-503.