

**WAGE STATEMENT**

EMPLOYEE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_ OUR FILE NO.: \_\_\_\_\_

PLEASE NOTE: The Labor Code states that an injured employee is entitled to maximum benefit rates if a wage statement is not prepared by the employer. Average weekly wage is calculated by averaging weekly wages for a one-year period preceding the injury. To protect the interests of the employer, the claims adjuster will request a wage statement if less than maximum benefits are/may be issued.

Pay Period End (mm/dd/yy)	Total Hours Incl. Overtime	Gross Weekly Earnings Incl. Tips/Other	Pay Period End (mm/dd/yy)	Total Hours Incl. Overtime	Gross Weekly Earnings Incl. Tips/Other
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		

Complete 12, 24, 26 or 52 pay periods to cover an entire year of earnings. If you submit a computer printout instead of completing this form, it should indicate the same information.