



Date

Date of Injury	Claim Number
Claimant	
Employer	

Dear _____ :

In order to establish a wage for your injured worker, we need additional information. Please complete the following, sign and return.

Date of hire: _____

Last day employee worked: _____

Date returned after injury: _____

Rate of pay: _____

A. \$ _____ Monthly \$ _____ Weekly \$ _____ Hourly \$ _____ Commission
\$ _____ Other

B. Full time **OR** Part time _____ Hours Per Week

C. Is employee furnished: Board Lodging \$ _____ Value Per Month

How many months per year is employment available: _____

Does employee receive other remuneration for work? Yes No

If so, describe: _____ \$ _____ Value Per Month

Employee's gross earnings thirty (30) days prior to injury: \$ _____

Employee's gross earnings during year preceding injury: from _____ to _____

Amount: \$ _____

If employee worked less than 12 months, show gross earnings from date of hire thru date prior to injury.

Amount: \$ _____

Date of last increase if within 12 months prior to injury: _____

Wage before increase: \$ _____ Wage after increase: \$ _____

Gross earnings from date of increase through date prior to injury: \$ _____



If claimant employed less than 30 days, provide gross earnings of at least two other employees for a period of at 60 days, to serve as a wage pattern: (Must be prior to claimant's date of injury)

	DATE	GROSS
1. Employee A	___/___/___ thru ___/___/___	\$_____ hourly \$_____
2. Employee B	___/___/___ thru ___/___/___	\$_____ hourly \$_____
3. Employee C	___/___/___ thru ___/___/___	\$_____ hourly \$_____

Other wage information needed:

Thank you,

Sincerely,

Name
Job Title
Additional Contact Info

Authorized Signature

Title

Date