



**WAGE STATEMENT**

Claim Number: \_\_\_\_\_ Policyholder: \_\_\_\_\_  
 Injured Worker: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_ Date First Employed: \_\_\_\_\_  
 Last date injured worker receive full wages: \_\_\_\_\_  
 Basis of Employment: | Part Time | Full Time | Seasonal |  
 (check one) | Temporary | Occasional | Piece Work |  
 If temporary employee, how long would the job have lasted? \_\_\_\_\_  
 If seasonal employee, when did the season begin and end? \_\_\_\_\_  
 Average number of hours worked per day: \_\_\_\_\_ Days per Week? \_\_\_\_\_  
 Give value of additional compensation: Tips \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_ Board/Lodging \$ \_\_\_\_\_  
 Per Diem \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Basis of Payroll:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Other  
 Are you aware of any concurrent employment for this employee? \_\_\_\_\_  
 Date of last salary increase \_\_\_\_\_ Hourly Wage \_\_\_\_\_

*In the table below, report injured worker's earnings for 52 weeks prior to date of injury*

WEEK #	Payroll Period Dates		Regular Earnings		Overtime Earnings		Gross Amount Earned	Absences	
	From:	To:	Hours	Rate	Hours	Rate		Days	Reason
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									
<b>Sub-Total:</b>									



Claim Number:  
Injured Worker:

**WAGE STATEMENT**

WEEK #	Payroll Period Dates		Regular Earnings		Overtime Earnings		Gross Amount Earned	Absences	
	From:	To:	Hours	Rate	Hours	Rate		Days	Reason
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
<b>Grand Total:</b>									

**REMARKS:**

*I certify that the above is a true copy of payroll record of insured's earnings as shown on employer's records.*

<b>Title or Official Position</b>	<b>Date</b>	<b>Signature</b>
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