



# WAGE STATEMENT

CLAIM NO.:

<b>EMPLOYER NAME AND ADDRESS:</b>	<b>EMPLOYEE NAME:</b>
<b>DATE OF INJURY:</b>	<b>JOB TITLE:</b>
<b>DATE OF DISABILITY:</b>	<b>SOCIAL SECURITY NO.:</b>
<b>RETURN TO WORK DATE (if any)</b>	<b>DATE OF HIRE:</b>
	<b>DATE OF THIS STATEMENT</b>

Indicate below gross wages, including overtime, for 52 calendar weeks prior to the accident. If employee worked less than 52 weeks, give wages from date he/she entered employment. If employee worked less than 2 calendar weeks, provide weekly earnings of a similar worker in the same class of employment who has worked for one year or more.

Week No.	Year:		Gross Amount Paid Including Overtime	Week No.	Year:		Gross Amount Paid Including Overtime	Week No.	Year:		Gross Amount Paid Including Overtime
	Week Ending				Week Ending				Week Ending		
	Month	Day			Month	Day			Month	Day	
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				24				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				<b>TOTAL</b>			
18				36							

Was this employee given free rent, lodging, board, tips, bonus or other allowance in addition to the above earnings <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state weekly value thereof and describe    \$ _____
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I CERTIFY THAT THE ABOVE IS A TRUE COPY OF THE PAYROLL RECORD OF THE ABOVE NAMES EMPLOYEE OR AN EMPLOYEE IN THE SAME CLASS OF EMPLOYMENT

Name of Fellow Employee	Employer Preparer's Signature	Preparer's Title
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