WAGE STATEMENT

CLAIM NO.:

Employer Name / Address:	**Employee Name:**
	Job Title:
Date of Injury:	**Date of Hire:**
Return to Work Date (if known):	

Indicate below gross wages, including overtime, for 52 calendar weeks prior to the accident. **Please indicate if pay schedule is weekly or bi-weekly**. 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: Week Ending Month	Day	Gross Amount Paid Including Overtime	Week No.	Year: Week Ending Month	Day	Gross Amount Paid Including Overtime	Week No.	Year: Week Ending Month	Day	Gross Amount Paid Including Overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				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				**TOTAL**			
18				36							

Was this employee given free rent, lodging, board, tips, bonus or other allowance in addition to the above earnings [ ] Yes [ ] No

If yes, weekly value thereof and describe $_____

_____

Is there a child support withholding currently in effect?

[ ] Yes [ ] No

If yes, attach in accordance with Public Act 17-27.

I CERTIFY THAT THE ABOVE IS A TRUE COPY OF THE PAYROLL RECORD OF THE ABOVE NAMED EMPLOYEE.

Printed Name & Title of Preparer	Preparer's Signature	Date

(Rev:02/20/18)