



STATEMENT OF WAGES

Employee:
Employer:
Claim No.:
Date of Injury:

Please give an exact statement of all payroll earnings for above employee for the TWELVE (12) MONTHS PRECEDING THE INJURY. Please break down bi-weekly, and indicate broken periods. Failure to provide this information may result in benefits being paid at maximum rate 30 days after the injury.

Table with 12 columns: From Date, To Date, Occupation, Rate of Pay, Hrs. Worked, Gross Amount Earned, From Date, To Date, Occupation, Rate of Pay, Hrs. Worked, Gross Amount Earned. Includes a TOTAL row at the bottom.

PLEASE COMPLETE QUESTIONS BELOW

- 1. Is any other type of compensation provided to your employee, such as meals, transportation or housing?
2. Was this employee promised work for any period of time?
3. Was injured a steady, temporary or seasonal employee?
4. Estimated length of employment had injury not occurred?
5. Would rate of pay have changed had injury not occurred?
6. Are wages being continued?
7. If employee is released to return to MODIFIED DUTY, is that available?

Date: _____

Signed by: _____ (please print)

Signature: _____