



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.

PLEASE COMPLETE QUESTIONS BELOW

1. Is any other type of compensation provided to your employee, such as meals, transportation or housing? yes no
If yes, specify type and estimated weekly value: _____ \$ _____
2. Was this employee promised work for any period of time? yes no, by whom? _____ For how long? _____
If so, by whom? _____ If so, how long? _____
3. Was injured a steady, temporary or seasonal employee? (list one) _____
If seasonal, how long will job last? _____
4. Estimated length of employment had injury not occurred? _____
5. Would rate of pay have changed had injury not occurred? yes
If yes, what would the new rate be? _____ When would rate be effective? _____ / _____ / _____
6. Are wages being continued? yes no. If no, date last paid _____ / _____ / _____
If yes, is this considered: sick/vacation pay regular pay
If regular pay, date next check is due _____ / _____ / _____ How long will salary be continued? _____
Are you requesting reimbursement at employee's compensation rate? yes no
7. If employee is released to return to MODIFIED DUTY, is that available? yes no

Date:

Signed by: _____ (please print)

Signature: