

WAGE STATEMENT

Claim number: \_\_\_\_\_

- A. The following table shows the days worked and the **gross regular wages** earned by \_\_\_\_\_ employed as a \_\_\_\_\_ during periods stated. **List any overtime wages on a separate copy of this form.**
- B. The injured employee did not work for employer a substantial portion of the year before the accident. The following table shows days worked and wages earned by \_\_\_\_\_ another employee of same or similar employment who did work a substantial part of the year.

			Days	Gross				Days	Gross				Days	Gross
Mo	Day	Yr	Worked	Amount	Mo	Day	Yr	Worked	Amount	Mo	Day	Yr	Worked	Amount
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	__	__	__	_____					_____
			Total	_____				Total	_____				Grand Total	_____

**RATE OF WAGE**

**OVERTIME**

Per Hour \_\_\_\_\_ Per Day \_\_\_\_\_  
 Per Week \_\_\_\_\_ Per Month \_\_\_\_\_

Amount \_\_\_\_\_ Hours \_\_\_\_\_

Contract of hire entered into at \_\_\_\_\_  
 City State

Date of hire: \_\_\_\_\_

Was this employee given free rent, lodging, or board or other allowance? If so, state weekly value thereof: \$ \_\_\_\_\_

I hereby certify the above is a true and correct statement.

Dated at \_\_\_\_\_  
 \_\_\_\_\_  
 Employer

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ By \_\_\_\_\_  
 \_\_\_\_\_  
 Title