ALABAMA

WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

MWCC Number	Weeks	Dates		Straight Time Worked		Wages Paid For Straight Time	Overtime Hours Worked		Wages Paid For Overtime
		From	То	Days	Hours	Tor outlight time	Days	Hours	O VOI (IIII)
	1								
	2								
Carrier Claim Number	3								
	4								
	5								
	6								
	7								
Employee Name	8								
	9								
	10								
	11								
Employer Name	12								
	13								
	14								
	15								
	16								
	17								
	18								
Employer FEIN	19								
	20								
	21								
	22								
	23								
	24								
Carrier or Self-Insured Name	25								
	26								
	27								
	28								
	29								
	30								
Carrier NCCI Number									
	31								
	32								
	33								
	34								
	35								
	36								
	37								
	38								
	39								
	40								
	41								
	42								
	43								
	44								
	45								
	46								
	47								
	48								
	49								
	50								
	51								
	52								
	T								

Total