NEBRASKA
Good Life. Great Service.
DEPT. OF ADMINISTRATIVE SERVICES

26 WEEK WAGE HISTORY

Employee Name: _____ Date of Injury: _____

Pay Period	Overtime Paid	OT Hours Worked	Base Hourly Rate	Gross Pay (Reg. Hrs. x Base Rate)	Date Paid

Completed By: _____ Title: _____

Revised 2/16/18