

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
CONCORD, NH 03301  
WAGE SCHEDULE

Employee \_\_\_\_\_  
(Name)  
Date of hire \_\_\_\_\_ Wages per hour \_\_\_\_\_ Avg. wkly. earnings \_\_\_\_\_  
Employer \_\_\_\_\_  
(Name)  
Address \_\_\_\_\_  
(No.) (Street) (City – State)

EMPLOYER MUST FORWARD  
TO INSURANCE CARRIER A  
COPY OF THIS WAGE  
SCHEDULE OR A PRINTOUT OF  
GROSS WAGES NO LATER  
THAN EMPLOYEE'S FIFTEENTH  
DAY OF DISABILITY RESULTING  
FROM INDUSTRIAL  
ACCIDENT.PER LAB 506.02(b)

THIS WAGE SCHEDULE IS FOR 52 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA.

WEEK ENDING		1	2	3
		GROSS WAGES (See Wages Definition)	WEEK ENDING	GROSS WAGES
1			27	
2			28	
3			29	
4			30	
5			31	
6			32	
7			33	
8			34	
9			35	
10			36	
11			37	
12			38	
13			39	
14			40	
15			41	
16			42	
17			43	
18			44	
19			45	
20			46	
21			47	
22			48	
23			49	
24			50	
25			51	
26			52	

CarrierName \_\_\_\_\_  
(Employer's Signature)  
Address \_\_\_\_\_  
(Title)  
Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_

**GROSS WAGES:** In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received in the course of employment plus gratuities from others, but not including any sum paid by the employer to cover any special expenses entailed by the employee by the nature of his employment. Please provide a brief explanation for weeks with no wages. RSA 281-A:2, Par XV