

WAGE STATEMENT

Employee Name:

Date of Injury:

Claim Number:

Please complete this wage statement and attach any additional sheets as necessary. Your prompt reporting will ensure the accuracy of our calculations of your employee's proper compensation rate. Thank you for your anticipated timely cooperation.

Payment Number	Period Ending	Number of Hours Worked	Gross Earnings	Payment Number	Period Ending	Number of Hours Worked	Gross Earnings
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			
TOTAL DOLLAR AMOUNT PAID:				\$			

What was the base rate of pay at the time of the employee's injury? \$ _____

Was there a change in the rate of pay during this period of time? Yes/No

If yes, what was the prior rate of pay? \$ _____

Was the employee paid a bonus during the above-referenced period of time? Yes/No

If yes, please list the amount paid \$ _____

Please provide any comments if applicable:

Signed: _____ Dated: _____