

EMPLOYER'S WAGE STATEMENT

EMPLOYER _____ EMPLOYEE _____ DATE OF INJURY _____

SHOW NUMBER OF DAYS WORKED AND AMOUNT EARNED		PERIOD COVERED BY EACH PAYMENT				DAYS WORKED	OCCUPATION (TYPE OF WORK)	WAGE RATE (BY HOUR DAY, WEEK, OR MONTH)	AMOUNT EARNED
		FROM		TO					
STATEMENT OF TOTAL EARNINGS OF		MO.	DAY	MO.	DAY				
SOCIAL SECURITY NO.		1							
		2							
FROM _____ TO _____		3							
		4							
1. What was employee's wage rate at time of injury? \$ _____		5							
		6							
2. Was that the regular rate for type of work being done by injured employee?		7							
		8							
3. If not, what was the regular rate? \$ _____		9							
		10							
4. State minimum number of hours which employee was required to work per day, week, or month.		11							
		12							
HOURS	PER <input type="checkbox"/> DAY <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	13							
		14							
5. How many days constituted a week's work?		15							
		16							
6. How many hours constituted a day's work?		17							
		18							
7. If this employee earned any overtime during above period, give the exact amount earned \$ _____. Rate for overtime \$ _____ per hour.		19							
		20							
		21							
8. If employee was furnished board, lodging, laundry, fuel, or other advantages having a value which can be estimated in money (excluding, however, any sum paid employee to cover any special expenses entailed on them by acts of their employment), state estimated value per month of each item furnished.		22							
		23							
		24							
		25							
		26							
ITEM FURNISHED	ESTIMATED VALUE	27							
	\$ _____	28							
ITEM FURNISHED	ESTIMATED VALUE	29							
	\$ _____	30							
ITEM FURNISHED	ESTIMATED VALUE	31							
	\$ _____	32							
9. Has injured employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		33							
If so, on what date? _____ at what		34							
wage? \$ _____ per _____		35							
		36							
I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT		37							
		38							
DATE		39							
		40							
		41							
CITY		42							
		43							
		44							
SIGNATURE		45							
		46							
		47							
OFFICIAL CAPACITY		48							
		49							
		50							
		51							
		52							
TOTAL DAYS WORKED							TOTAL AMOUNT EARNED		