

**WAGE STATEMENT**

**EMPLOYEE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_ **CLAIM NO.:** \_\_\_\_\_

Full Time       Permanent Part Time       On Call As/Needed       Temporary

<b>*Week</b>	<b>Payroll End Date</b>	<b>Gross Earnings</b>	<b># Days / #Hours Worked</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
<b>TOTAL EARNINGS</b>			

\*13 weeks preceding the date of injury

**AVERAGE WEEKLY WAGE:**      \$ \_\_\_\_\_

Above wages are for:

- Employee stated above
- Similar employee

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Employer's Name: \_\_\_\_\_