

**WAGE STATEMENT --- "MISSOURI"**

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

CLAIM #: \_\_\_\_\_

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

DATE OF ACCIDENT: \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_ FULL TIME (or) \_\_\_\_\_ PART TIME

If Full Time/Regular Employee: Number of Absences: \_\_\_\_\_

- The DWC requires a copy of your system payroll report (or) check copies
- The DWC requires a copy of this Wage Statement summary report

Reported "Gross" Wages-- 13 Weeks "PRIOR" To Accident Date (14 weeks if paid bi-weekly)

Other/Codes: Vacation (V), Overtime Pay (OT), Bonus (B), Gratuities (G), Lodging (L)

Insurance: Health (H), Life (L), Dental (D), Vision (V), Other (O)

<u>GROSS WAGES</u>	<u>PAY PERIOD</u>	<u>*OTHER/Code</u>	<u>Full Time Employee Hours Worked</u>
WEEK 14: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 13: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 12: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 11: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 10: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 09: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 08: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 07: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 06: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 05: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 04: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 03: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 02: \$ _____ = _____ to _____		\$ _____ (____)	_____
WEEK 01: \$ _____ = _____ to _____		\$ _____ (____)	_____
<b>Total Hours:</b>			_____

TOTAL WAGES: \$ \_\_\_\_\_ / 13 OR 14 WEEKS = \$ \_\_\_\_\_ = GROSS AWW

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_