Workers' Compensation Wage Statement

Please complete the following information providing the employee's gross earnings for fifty-two (52) weeks beginning with the last pay period prior to the date of injury and email back to the adjuster assigned to the claim. Please do not include wages for the week of the injury. If you wish to send a computer print-out of wages, please make sure this form is attached.

Employee: _____ **Date of Loss:** _____ **Claim Number:** _____

Date of Hire: _____ Date Disability Began: _____ Date Returned to Work: _____

Number of Hours Worked Per Week: _____ Rate of Pay: _____

Marital Status: _____ Number of Dependents Claimed: _____

Date From	Date To	Hours Worked	Total Gross Pay	Overtime		Date From	Date To	Hours Worked	Total Gross Pay	Overtime
						Total		0.00	$ 0.00	0.00

This is a correct statement of Employee's Earnings as actually taken from our Payroll Records

Signed: _____