

# WAGE STATEMENT

(Employee)

(Employee)

Date of Injury \_\_\_\_\_

Claim Number \_\_\_\_\_

	Week Ending			Days Worked	Hours Worked	Amount		Week Ending			Days Worked	Hours Worked	Amount
	Mo.	Day	Year					Mo.	Day	Year			
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 \_\_\_\_\_

Employee Earns \$ \_\_\_\_\_ Per hour, \$ \_\_\_\_\_ Per week, \$ \_\_\_\_\_ Per month  
 Fringe Benefits: \_\_\_\_\_

I have examined the payroll records of the above named employer. This table shows the weeks worked and the wages earned by the above named employee during the period stated therein.

Signed by \_\_\_\_\_ Date \_\_\_\_\_  
Employer's Representative