

WAGE STATEMENT

Employee: _____ Employer: _____
 Date of injury: _____ Claim #: _____
 Date employed: _____ Social Security #: _____
 Job title: _____ Class code: _____
 Hourly Rate: _____ Normal Schedule Work Hours: _____

Starting with the week immediately preceding the date of injury, list gross wages paid in each of the previous 52 weeks. If no wages were paid during a week, please enter "none" under Gross Wages Paid.

	Week Ending Mo/Day/Yr	Days Worked	Gross Wages Paid		Week Ending Mo/Day/Yr	Days Worked	Gross Wages Paid
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 gross wages paid: _____ Number of weeks used in calculation: _____

Completed by: _____ Date: _____

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

