



WAGE STATEMENT

Claim #: WC -

Claimant:

Adjuster:

SS#:

Date of Loss:

Please complete the wage statement below for wages earned by the above-named employee for the entire year prior to the date of loss. Please return to our office by mail or fax as soon as possible. Thank you.

Hourly wage:

Contracted wage:

Salary:

Date	Gross Earnings	OT Hours	OT Earnings	Date	Gross Earnings	OT Hours	OT Earnings

Employee worked _____ weeks during the last year.

Signature & Title: _____

Date: _____