

WAGE STATEMENT

In order to determine with accuracy the average weekly wages in according with the provisions of the Workers' Compensation Law, please fill out and return.

This is to certify that I _____ am the _____
(Name of Person Certifying) (Name of Office or Position Held)

of _____ of _____
(Name of Employer) (Number, Street, City, Town)

employer of _____ injured on or about _____, 20____
(Name of Injured Person) (Month, Day, Year)

"A" I have examined the payroll of said employer and the following table shows the days worked and the wages earned by said _____ employed as a _____ during the period stated therein.

"B" I have examined the payroll of said employer and find that _____ the injured employee, did not work for said employer a substantial portion of the year before the accident.

The following table shows the days worked and the wages earned by _____ another employee of the same class employed by the same employer who did work a substantial part of such year in the same or similar employment.

Official Position: _____ Signed By: _____

	WEEK ENDING			Days Worked	Amount Paid Including Overtime		WEEK ENDING			Days Worked	Amount Paid Including Overtime
	Month	Day	Year				Month	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 Paid						Total Paid
											Total Gross