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WAGE STATEMENT

Please complete this table to show the weeks worked and the **gross** wages earned by this employee for the fifty-two (52) weeks **prior to the date of injury** in accordance with Mississippi Workers' Compensation. If this employee did not work a sufficient number of weeks to complete this table, use the wages of a similar employee of the same class and who was engaged in the same type of work for the time period stated above.

Name of Employer: _____ Injured Employee Name: _____
 Claim Number: _____ Date of Injury: _____

	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		

Insured Representative: _____ Date: _____