

PO Box 945927 Maitland, FL 32794-5927 800-226-0666 • FFVAMUTUAL.COM

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
This is to certify that I(Name of Person Certifying)	(Name of Office or Position Held)
ofof	
(Name of Employer)	(Number, Street, City, Town)
employer of injured on or a	bout, 20
(Name of Injured Person)	(Month, Day, Year)
"A" I have examined the payroll of said employer ar wages earned by said e	
during the period stated therein.	
"B" I have examined the payroll of said employer a	nd 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 wag	ges earned by
another employee of the same class employed by the signal year in the same or similar employment.	
Official Position:	Signed By:



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Wage Statement

		WEEK ENDING			Amount		WEEK ENDING			\neg	Amount
	Month	Day	Year	Days Worked	Paid Including Overtime		Month	Day	Year	Days Worked	Paid Including Overtime
1	Wollen	Day	i cui	Troncu	overtime	27	Worth	Day	Teal	Worked	overtaille
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10				1		36					
11						37					
12				1		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 Pa	id	
									Total Gr	oss	