

WAGE STATEMENT

13 Weeks of Employment

Employee: _____

Employer: _____

Date of Injury: _____

Full-time
 Permanent part-time
 On call/As needed
 Temporary

Week	Payroll End Date	Gross Earnings	# Days/# Hours Worked
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
TOTAL EARNINGS	NA		NA

* 13 weeks preceding the date of injury

Average weekly wage _____

Are above wages for:

_____ Employee stated above

_____ Similar Employee

Signature of Employer _____ Date _____

Printed or Type Name _____