



WAGE STATEMENT

Please complete this form and attach a printout of earnings for one year proceeding the date of injury. This includes, but is not limited to: hourly, weekly, biweekly, monthly, etc. wages; salary; overtime.

Agency / Facility	Date of Injury	Form Completed By
Injured Employee	Claim No.	Date Form Completed
Hours per Week	Hourly Rate	

REGULAR WAGES

PAY PERIOD ENDING	HOURS WORKED	GROSS EARNINGS	PAY PERIOD ENDING	HOURS WORKED	GROSS EARNINGS
TOTAL					

OVERTIME WAGES

PAY PERIOD ENDING	OVERTIME HOURS WORKED	OVERTIME EARNINGS	PAY PERIOD ENDING	OVERTIME HOURS WORKED	OVERTIME EARNINGS
TOTAL					