EMPLOYER'S STATEMENT OF WAGE EARNINGS (Preceding the Date of Accident)

No. Date Worked paid including overtime 19	1. Date	e of Accident			2. Employee ID#							
5. Employer Address 7. Employee was employed at a	3. Inju	red Employee	e Name									
5. Employer Address 7. Employee was employed at a	4. Iniu	red Employee	e Address									
5. Employee was employed at a			7 Idai C									
7. Employee was employed at a	5. Emp	oloyer										
NSTRUCTIONS: 1. Give gross weedly earning for the \$2 weekly periods immediately preceding the date of accident. 2. If injured employee has not worked at the same work for a year or a substantial part thereof (234 days for a 5 day week) give the weekly gross carning of another employee of the same class who has worked for a year or a substantial part thereof immediately preceding the date of accident of: (indicate one) accident. S. The following is a schedule of gross wage earnings for the \$2 weeks immediately preceding the date of accident of: (indicate one) accident of: (indicate	6. Emp	oloyer Addres	S									
1. Give gross weekly earning for the \$2 weekly periods immediately preceding the date of accident. 2. If injured employees nature of the same class who has worked for a year or a substantial part thereof immediately preceding the date of accident of: (indicate one) The injured employee named in item 3 above. The injured employee of the same class who has worked for a year or a substantial part thereof immediately preceding the date of accident of: (indicate one) The injured employee named in item 3 above. The injured employee of the same class CAddress	7. Emp	ployee was en	nployed at	a(hourly, d	aily, weekly	, or monthly)	wage for	(5, 6 or 7	day	week.		
The injured employee named in item 3 above.	1.	Give gross w If injured emp weekly gross	ployee has n	ot worked at the sa	me work fo	r a year or a subs	stantial part	thereof (234 days	s for a 5 da al part ther	y week, 270 for a reof immediately	6 day week	x) give the ne date of
Week Ending Days Gross amount No. Week Ending Days Worked Date Days Date Worked Date Date Worked Date Days Date Worked Date Days Date						or the 52 week	s immedia	ately preceding	the date	of accident of	: (indicate	one)
No. Date Worked poid including overtime 19		(Name of e	mployee of	the same class)	(Address)							
2	Week No.			paid including				paid including				paid including
1	1				19				37			
1												
10												
1												
10												
8												
9												
11												
12	10				28				46			
13 31 49 14 14 32 50 15 16 34 52 17 17 35 36 18 18 36 18 19 19 19 19 19 19 19	11				29				47			
14	12				30				48			
15 33 51 16 34 52 17 18 36 TOTAL 18 36 TOTAL 18 TOTAL 18 TOTAL 19 TOTAL	13				31				49			
16	14				32				50			
17	15				33				51			
9. Was this employee given free rent, lodging, board, tips, bonus, hazardous duty or country location uplift in addition to the above earnings? If "Yes", state the weekly value thereof: Describe: I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT: Date: Prepared By:	16				34				52			
9. Was this employee given free rent, lodging, board, tips, bonus, hazardous duty or country location uplift in addition to the above earnings? If "Yes", state the weekly value thereof: Describe: I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT: Date: Prepared By:	17				35				ŗ	ГОТАL		
earnings? If "Yes", state the weekly value thereof: Describe: I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT: Date: Prepared By:	18				36							
Date: Prepared By:		rnings? If "Yes",	state the						location	uplift in addition	on to the a	above
Date: Prepared By:												
		TIFY THAT	ГНЕ АВО	VE IS TRUE A	ND CORI		epared Bv					
		No:			Official Title							