

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

1. Date of Accident _____ 2. Employee ID# _____
3. Injured Employee Name _____
4. Injured Employee Address _____
5. Employer _____
6. Employer Address _____
7. Employee was employed at a _____ wage for a _____ day week.
(hourly, daily, weekly, or monthly) (5, 6 or 7)

INSTRUCTIONS:

1. Give gross weekly earning for the 52 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, 270 for a 6 day week) give the weekly gross earning of another employee of the same class who has worked for a year or a substantial part thereof immediately preceding the date of accident.

8. The following is a schedule of gross wage earnings for the 52 weeks immediately preceding the date of accident of: (indicate one)

The injured employee named in item 3 above.

(Name of employee of the same class) (Address)

Week No.	Week Ending Date	Days Worked	Gross amount paid including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				TOTAL			
18				36							

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: _____

Phone No: _____

Official Title _____