

# Wage Statement

**Instructions:**

1) Give employee's regular earnings and overtime earnings in separate columns for the period checked below:

(check one)

- \_\_\_\_\_ a) 6 months preceding accident date  
 \_\_\_\_\_ b) 52 weeks preceding accident date  
 \_\_\_\_\_ c) Period after accident date from \_\_\_\_\_ to \_\_\_\_\_.

2) If above information cannot be given, show:

- \_\_\_\_\_ a) Weekly earnings of employee for length of time in your employ.  
 \_\_\_\_\_ b) Weekly earnings of similar worker in the same class of work  
 either in your employ or in the same locality for same period  
 as checked in item #1 above.

3) How many days constitute your normal work week? \_\_\_\_\_ days  
 How many hours? \_\_\_\_\_ hours

4) Give hourly rate: \$ \_\_\_\_\_  
 Give weekly rate: \$ \_\_\_\_\_

Week #	Dates		# of Days Worked	\$ Paid S.T.	\$ Paid O.T.
	From	To			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
<b>Total</b>					

Week #	Dates		# of Days Worked	\$ Paid S.T.	\$ Paid O.T.
	From	To			
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
<b>Total</b>					

I certify that the above is a true copy of the payroll record of \_\_\_\_\_  
 (employee)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

District: \_\_\_\_\_

**Return form to: Sedgwick**  
**Email: [cxcsd@sedgwick.com](mailto:cxcsd@sedgwick.com)**  
**Fax: 303-713-6056**