



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 |
|-------------------|--------------|----------------|-------------------|--------------|----------------|
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| TOTAL | | | | | |

OVERTIME WAGES

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