

### Earnings Verification

Employee: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Claim No.: \_\_\_\_\_ Date of injury: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Wages:         per hour     per week     per month        Date rate took effect: \_\_\_\_\_  
 # of hours regularly worked per week: \_\_\_\_\_ # of overtime hours worked per week: \_\_\_\_\_  
 Overtime wages: \_\_\_\_\_ per \_\_\_\_\_ Tips reported: \_\_\_\_\_ per week

If employee's compensation package included an allowance for any of the following, please indicate each actual or estimated value:

Meals: \_\_\_\_\_ per week    Automobiles: \_\_\_\_\_ per week        Rent/Lodging: \_\_\_\_\_ per week  
 Bonus: \_\_\_\_\_         per week         per month         annual  
 Was this employee?     Permanent     Temporary     Seasonal – Indicate last day of season job: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING: GROSS WAGES FOR THE 52 WEEKS PRIOR TO INJURY OR ENTIRE PERIOD OF EMPLOYMENT, WHICHEVER IS LESS:

WEEKS	NO. DAYS	NO. HOURS	WEEK ENDING	AMOUNT PAID	WEEKS	NO. DAYS	NO. HOURS	WEEK ENDING	AMOUNT PAID
1					27				
2					28				
3					29				
4					30				
5					31				
6					32				
7					33				
8					34				
9					35				
10					36				
11					37				
12					38				
13					39				
14					40				
15					41				
16					42				
17					43				
18					44				
19					45				
20					46				
21					47				
22					48				
23					49				
24					50				
25					51				
26					52				

*I CERTIFY THE ABOVE INFORMATION IS CORRECT:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date