

EMPLOYER'S VERIFICATION OF WAGES/SALARY AND ABSENCES

THIS STATEMENT COVERS THE PERIOD FROM _____
THROUGH _____ AND FURTHER CERTIFIES THAT:

EMPLOYEE NAME: _____ SSN: _____

EMPLOYEE DOB: _____ DATE OF INJURY: _____

Job Title: _____

Dates of Employment: From _____ Through _____

Average Regular Hours worked per week: _____

Normal days worked: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Average Overtime Hours scheduled per week: _____

Dates Absent: From _____ Through _____

From _____ Through _____

From _____ Through _____

TOTAL regular hours lost: _____ TOTAL Overtime hours lost: _____

TOTAL hours of leave time used: _____ TOTAL sick-time used: _____

TOTAL personal leave time used: _____ TOTAL Vacation time used: _____

(Please enclose an itemized listing if necessary)

For the above period, please state:

Rate of Pay: _____ per Hour ___ Week ___ Month ___ (check one)

Overtime Pay: _____ per Hour ___ Week ___ Month ___ (check one)

Bonus Pay: _____

(Authorized Representative's Signature) Name (Please Print)

Title Date

Employer's Name and Address:

Employer's Telephone Number: _____