

WAGE STATEMENT

Employee: _____ Date of Injury: _____

Claim Number: _____

Employer: _____

____ I examined our payroll records and the following table shows the **13 weeks prior to the date of injury**, worked and the total gross wages earned (including overtime, bonus, etc.) by the above-named employee during the period stated therein.

* If employee worked less than 13 weeks prior, the following will apply;

____ I examined our payroll records and the above-named employee did not work for said employer for a full 13 week period. Therefore, table below shows total gross wages earned during the period stated therein.

Employer's Signature: _____ Position: _____

	<u>Weekend Ending</u> <u>Month Date Year</u>	Days Worked	Amount Paid (Gross)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

If you have any questions, please call: Brentwood 636-812-9930 or 855-228-4935

Fax Form to: 636-489-0976

Mail Form to: Brentwood Services
PO Box 4605
Chesterfield, MO 63005