

WAGE STATEMENT

EMPLOYEE _____ DATE OF INJURY _____

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>WEEK 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: CCMSI 913-385-1816

Fax form to: 913-385-9392

Mail form to: CCMSI

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