Wage	Statement
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Date

Claim No.

(Employee)

(Investigator)

(Employer)

\_\_\_\_\_

I have examined the payroll records of the above-named employer and the following table shows the weeks worked and the wages earned by the above-named employee during the period states therein.

VS.

I have examined the payroll records of the above-named employer and find that the above-named employee did not work for said employer for a sufficient period to determine a proper average weekly wage. Therefore, the following table shows the weeks worked and wages earned by \_\_\_\_\_\_ a fellow employee of the same class who was similarly engaged by the same employer and who did work a substantial part of the year prior to \_\_\_\_\_\_

(Date of alleged injury)

OBTAINED BY

SIGNED BY:

(Employer's Representative)

WAGE STATEMENT OF

	Week Ending			Days	Amount		Week Ending			Days	Amount
	Mo.	Day	Year	Worked	Paid		Mo.	Day	Year	Worked	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					

Total \$ Total \$

Entire Total \$\_\_\_\_\_