



**EMPLOYERS® WAGE REPORT**

It is necessary for us to determine the average weekly earnings of your employee named below who was injured in an accident while in your employment even though there may have been no loss of time from work. Please complete and return the wage report below, which is required by the workers' compensation law.

Please fill in all wages paid to the employee during the 26 weeks before the accident, showing the number of days on which any work was done during each week, including part-time days. If the injured worker was not paid on a weekly or regular basis, explain fully by responding to the questions below.

Employee:	Claim number:
Injury Date:	Wage Rate:
Disability Date:	Date Employed:

Week No.	Week From:	Week To:	Days Worked	Total Hours	Gross pay including overtime
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					

Totals			
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What number of hours was a normal full work day? \_\_\_\_\_

What number of days was a normal full work week? \_\_\_\_\_

Did the employee receive any premium, bonus, board or lodging from you in addition to the wages listed above?  
\_\_\_\_\_  
\_\_\_\_\_

If so, please explain, stating amounts of value thereof \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the employee do the same type of work during all of the time while employed by you during the year before the accident?  
\_\_\_\_\_  
\_\_\_\_\_

If not, please explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Return to EMPLOYERS via email to [claimsmail@employers.com](mailto:claimsmail@employers.com) or via fax to 866.461.2934.

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