



**EIG Services, Inc.**

In California, dba EIG Insurance Services

PO Box 32036 Lakeland, FL 33802-2036

**STATEMENT OF WAGES**

Claim Number: \_\_\_\_\_ Employee: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Date of Accident: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Basis of Employment (Check one): Full Time  PartTime  Piece Work  Seasonal  Occasional  Temp   
 (If Seasonal, Occasional or Temp checked, please provide how long the job would have lasted: from \_\_\_\_\_ to \_\_\_\_\_  
 Number of hours worked per day: \_\_\_\_\_ Hourly Rate:\$ \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Detail value of additional compensation, circle Weekly, Monthly, Yearly, Other

Tips: \$ \_\_\_\_\_ Weekly/Monthly/Yearly/Other: \_\_\_\_\_  
 Meals: \$ \_\_\_\_\_ Weekly/Monthly/Yearly/Other: \_\_\_\_\_  
 Housing/Lodging \$ \_\_\_\_\_ Weekly/Monthly/Yearly/Other: \_\_\_\_\_  
 Bonus: \$ \_\_\_\_\_ Weekly/Monthly/Yearly/Other: \_\_\_\_\_  
 Other (i.e. commissions): \$ \_\_\_\_\_ Weekly/Monthly/Yearly/Other: \_\_\_\_\_  
 If Other (please specify): \_\_\_\_\_

Give last day for which employee received wages: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount paid: \$ \_\_\_\_\_

Date of last salary/wage increase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date & Amount of next scheduled salary/wage increase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

Amount of last increase:\$ \_\_\_\_\_ check one: *per* hour:  *per* week:  *per* bi-weekly:  *per* month:

GROSS EARNINGS (Note- Please provide gross wages for the 52 week prior to the industrial injury, including commissions and bonuses) You may complete the information below or provide a payroll printout with pay periods and gross wage.

	DATES		REGULAR WAGES			OVERTIME WAGES			Gross
	FROM	TO	TOTAL WAGES	HRS	RATE	TOTAL WAGES	HRS	RATE	TOTAL
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
<b>SUB TOTALS</b>									

	DATES		REGULAR WAGES			OVERTIME WAGES			Gross
	FROM	TO	TOTAL WAGES	HRS	RATE	TOTAL WAGES	HRS	RATE	TOTAL
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10.									
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<b>GRAND TOTALS</b>									

I certify the above is a correct statement of the payroll of \_\_\_\_\_ as taken from our payroll records.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_