

## DELAWARE - STATEMENT OF WAGES

**EMPLOYEE:**

**EMPLOYER:**

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
SSN: _____	Telephone: _____
DOB: _____	Contact Person: _____

**INSURER/THIRD PARTY ADMINISTRATOR:**

**CLAIM INFORMATION:**

Name: _____	Claim No.: _____
Address: _____ _____	Accident Date: _____
Telephone: _____	

**Section 1- to be completed if the employee sustains an injury after completing that employee's first 13 weeks of work.**

If the claimant was employed for at least 13 weeks, Delaware law calculates average weekly wage by using a weekly average. If the above employee was employed for at least 13 weeks, please provide a week-by-week statement of the claimant's **gross wages** for as many of the 26 weeks period of time **prior to the accident date** that such employee worked.

**Gross Wages:**

Week 1 _____	Week 14 _____
Week 2 _____	Week 15 _____
Week 3 _____	Week 16 _____
Week 4 _____	Week 17 _____
Week 5 _____	Week 18 _____
Week 6 _____	Week 19 _____
Week 7 _____	Week 20 _____
Week 8 _____	Week 21 _____
Week 9 _____	Week 22 _____
Week 10 _____	Week 23 _____
Week 11 _____	Week 24 _____
Week 12 _____	Week 25 _____
Week 13 _____	Week 26 _____

**Section 2 – To be completed if the employee sustains an injury before completing that employee’s first 13 weeks of work. Please check the appropriate statement below:**

- \_\_\_\_\_ (a) If the contract of hire was based on hours worked, provide the employee’s hourly rate of pay \$ \_\_\_\_\_ and the number of hours contracted for each week: \_\_\_\_\_  
(If the contract of hire was based on hours worked, average weekly wage is calculated by multiplying these two values).
- \_\_\_\_\_ (b) If the contract was based on weekly wage, please provide the weekly salary contracted for: \$ \_\_\_\_\_.
- \_\_\_\_\_ (c) If the contract was based upon a monthly salary, please provide the monthly salary \$ \_\_\_\_\_, then multiply by 12 \_\_\_\_\_ and divide by 52 \_\_\_\_\_.  
(If the contract was based on monthly salary, average weekly wage is calculated by multiplying the monthly salary by 12 and dividing that figure by 52).
- \_\_\_\_\_ (d) If the hourly rate of earnings of the employee cannot be ascertained or if the pay has not been designated for the work required, average weekly wage shall be taken to be the average weekly wage for similar services performed by other employees in like employment for the past 26 weeks. If you believe section (d) applies, please indicate the reason therefore and what you believe to be the average weekly wage for similar services performed by other employees in like employment for the past 26 weeks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3 – Additional Compensation**

1. Under Delaware’s statute, average weekly wage includes the reasonable value of board, rent, housing or lodging received from the employer. If the claimant received any such benefit from the employer, please so advise and provide the details regarding same:  
\_\_\_\_\_  
\_\_\_\_\_
2. If the claimant receives federal reported gratuities, please so advise and provide the amount of weekly federal reported gratuities for the 26 weeks period of time prior to the accident date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4 - Note to insurer or third-party administrator regarding calculation of compensation rate:**

Pursuant to Section 2324, compensation for total disability is 66⅔% of wages not to exceed the State maximum nor less than the State minimum as announced by the Secretary of the Department of Labor on an annual basis. Note that if the claimant’s average weekly wage as calculated in Section 1 or Section 2 is less than the minimum compensation rate as announced by the Secretary of the Department of Labor, the employee’s compensation rate is the full amount of such wages, not the minimum compensation rate.