**IOWA WAGE REPORT**

EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLAIM NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS: DEPENDENTS:

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information in this report is needed to determine the average weekly wage under the Workers’ Compensation Law. Total gross wages should include the total hours worked x the straight hourly rate of pay. Commission, bonuses or other income should be noted separately. $initial\_distribution\_date$

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| WEEKNO | WEEKENDING | TOTALHOURS | HOURLY RATE | TOTAL GROSS WAGES | TOTAL NET WAGES | OVERTIME HOURS | OVERTIME WAGES |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |

IS THE INJURED WORKER PAID [ ]  HOURLY OR [ ]  SALARY? PLEASE CHECK BOX

IF HOURLY, WHAT IS THE RATE OF PAY?

IS THE INJURED WORKER PAID ANY BONUSES OR COMMISSIONS? Please explain.

COMMENTS:

COMPLETED BY: POSITION:

SIGNATURE:

DATE: