



PO Box 32036, Lakeland, FL 33802

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. Please complete and return the wage report below, which is required by the worker' compensation law. You may provide a computer print out instead of this form.

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.

Week No.	Period End Date	Total Hours	Number of days worked	Gross Pay	Overtime Paid
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					

**Claim:
Name:**

What number of hours was a normal full work day? _____



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What number of days was a normal full work week? _____

If overtime was paid, what is the straight rate? What is the overtime rate? _____

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

If yes, please explain amounts and basis. (ie merit based, profit sharing, etc...) _____

If the employee did not work full hours in the 26 weeks before the accident, please explain why hours/weeks vary?
Was work available?

Signed: _____

Date: _____

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