



WAGE STATEMENT – For injuries occurring on or after January 1, 2025

Employee: _____

Employer: _____

Did the employee receive a raise during the 26 weeks listed? Yes No If yes, please list the effective date. _____

Wage Rate: \$ _____ per _____ Number of Days Hired to Work: _____ Number of Hours Hired to Work: _____

	Week Ending			Number of Hours or Days Worked	Gross Wages	Extras (as in 7 or 8). Please indicate what the extra is, for example, \$1000.00 bonus
	Month	Day	Year			
1						
2						
3						
4						
5						
6						
7						
8						
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23						
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25						
26						

INSTRUCTIONS: Read Carefully. See also WC Rules 8.1100 and 8.1200.
 1. Enter **GROSS** wages of employee for 26 weeks before date of accident (**NOT take-home pay**).
 2. Do not include the week of the accident.
 3. If the employee began earning "larger regular wages" during the week of the accident, enter the **weekly** larger regular wages here: \$ _____. See Cunningham, 05-25WC
 4. Leave blank any weeks where the employee worked fewer than half his or her regular hours **and** was paid for fewer than half the regular hours due to unpaid time off.
 5. Include any weeks where the employee worked at least half his or her regular hours; also include any weeks where the employee was paid for at least half the regular hours, even if he or she was paid with vacation time or other paid leave.
 6. Leave blank those weeks in which you had reduced operations or a plant shutdown and for which the employee was paid for less than 1/2 of a work week.
 7. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break these down into a weekly value, and include and describe the income in the column marked "EXTRAS." This includes tips if not included in gross wages.
 8. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."
 9. Enter the dates when your normal work week ends (not the date a check is issued to the employee) and the number of hours or days worked.

When did the employee begin losing time? _____ Was the employee paid in full for the day of the accident? _____

Are employee's wages subject to any child support withholding order? Yes No
 If yes, in what amount? \$ _____ per _____

Day of the week the check is mailed to the employee or deposited in the employee's account _____

This is a correct statement of the employee's earnings as taken from the employer's payroll records.

By: _____ Position Title: _____
 Signature of Preparer

Print Name: _____ Date: _____