

**EMPLOYMENT & WAGE VERIFICATION STATEMENT**

Company Name:  
Street Address:  
City, State & Zip:  
Phone Number:

**Employee/Injured Person's Name:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

**To Whom It May Concern:**

This statement is to verify and confirm the probable earnings that would have been received by the above-named employee if that person had not been injured on the date indicated above.

Nature of business: \_\_\_\_\_

Injured Person's relation to the above business: \_\_\_\_\_ Employee  
\_\_\_\_\_ Independent Contractor  
\_\_\_\_\_ Other

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Date of hire: \_\_\_\_\_ Current employee? Yes \_\_\_\_\_ No: \_\_\_\_\_

Is the employee an hourly or salaried employee? \_\_\_\_\_

Employee's regular hourly rate: \$ \_\_\_\_\_ Overtime hourly rate: \$ \_\_\_\_\_

An average work day includes \_\_\_\_\_ hours. An average work week includes \_\_\_\_\_ days.

What were the employee's average weekly earnings prior to the accident? \$ \_\_\_\_\_

As a result of injuries sustained in the accident, the above employee was absent from work from \_\_\_\_\_ to \_\_\_\_\_.

Has the above injured person returned to work since the accident? Yes \_\_\_\_\_ No: \_\_\_\_\_ If yes, employee returned to work on: \_\_\_\_\_.

Additional days/hours employee missed for accident related treatment: \_\_\_\_\_  
\_\_\_\_\_

Total Days/Hours Regular Time Missed: \_\_\_\_\_ Total Days/Hours Overtime Missed: \_\_\_\_\_

**TOTAL earnings lost by employer for the period which commenced on the day of the accident until the employee's return to work:** \_\_\_\_\_.

This time was from: Personal/Sick Time \_\_\_\_\_ Vacation Time \_\_\_\_\_ Unpaid \_\_\_\_\_

The above injured person missed the following opportunities because of missed time from work: \_\_\_\_\_ Value: \$ \_\_\_\_\_

This information is provided from records maintained in the regular course of business or from my own personal knowledge.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_