WAGE AND SALARY VERIFICATION STATEMENT

EMPLOYEE NAME	SOCIAL SECURITY NUMBER
EMPLOYER / COMPANY NAME	DATE OF ACCIDENT OR INJURY

Ladies and Gentlemen:

This law firm represents the above named employee in a claim for damages arising from personal injury. Please complete and return this wage statement so that we can evaluate and prosecute this claim.

1). Date of employment: From: _____ Through: _____

2). Dates absent following accident: From: _____ Through: _____

From: _____ Through: _____

3). Amount of gross earnings payable during this absence: _____

4). Amount of any increase in wage or salary the employee would have received except for this absence:

Amount of increase: _____ Date of Increase: _____

5). Name of Worker's Compensation insurer: _____

6). Has, or will, a notice of injury been filed with your Worker's Compensation insurer for this accident?
If yes, Date: _____

SCHEDULE OF WEEKLY EARNINGS FOR 13 WEEKS PRIOR TO DATE OF ACCIDENT

Week	Week		No. Days Worked	Amount Earned (including overtime)	Gratuities			Other	Total Gross Earnings
	From	To			Meals	Board	Tips		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
Total									

Employer Signature: _____ Title: _____

Employee Signature: _____