

Wage Statement

Instructions:

1) Give employee's regular earnings and overtime earnings in separate columns for the period checked below:

(check one)

- a) 6 months preceding accident date
- b) 52 weeks preceding accident date
- c) Period after accident date from _____ to _____.

2) If above information cannot be given, show:

- a) Weekly earnings of employee for length of time in your employ.
- b) Weekly earnings of similar worker in the same class of work either in your employ or in the same locality for same period as checked in item #1 above.

3) How many days constitute your normal work week? _____ days
 How many hours? _____ hours

4) Give hourly rate: \$ _____
 Give weekly rate: \$ _____

Week #	Dates		# of Days Worked	\$ Paid S.T.	\$ Paid O.T.
	From	To			
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					
Total					

Week #	Dates		# of Days Worked	\$ Paid S.T.	\$ Paid O.T.
	From	To			
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
Total					

I certify that the above is a true copy of the payroll record of _____.

(employee)

Date: _____

Signed: _____

District: _____

Return form to CTSI, 800 Grant St., Suite 400, Denver, CO 80203