YORK®

# STATEMENT OF WAGES

**Employee: _____**
**Employer: _____**
**Claim No.: _____**
**Date of Injury: _____**

Please give an exact statement of all payroll earnings for above employee for the **TWELVE** (12) **MONTHS** PRECEDING THE INJURY. Please break down bi-weekly, and indicate broken periods. Failure to provide this information may result in benefits being paid at maximum rate 30 days after the injury.

| From Date | To Date | Occupation | Rate of Pay | Hrs. Worked | Gross Amount Earned | | From Date | To Date | Occupation | Rate of Pay | Hrs. Worked | Gross Amount Earned | |
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| TOTAL | | CARRIED FORWARD | | | $ | | TOTAL | | GRAND TOTAL | | | $ | |

PLEASE COMPLETE QUESTIONS BELOW

1. Is any other type of compensation provided to your employee, such as meals, transportation or housing? ☐ yes ☐ no
   If yes, specify type and estimated weekly value:_____ $_____
2. Was this employee promised work for any period of time? ☐ yes ☐ no, by whom? _____ For how long? _____
   If so, by whom? _____ If so, how long? _____
3. Was injured a steady, temporary or seasonal employee? (list one) _____
   If seasonal, how long will job last? _____
4. Estimated length of employment had injury not occurred? _____
5. Would rate of pay have changed had injury not occurred? ☐ yes ☐
   If yes, what would the new rate be? _____ When would rate be effective? _____/_____/_____
6. Are wages being continued? ☐ yes ☐ no. If no, date last paid _____/_____/_____
   If yes, is this considered: ☐ sick/vacation pay ☐ regular pay
   If regular pay, date next check is due _____/_____/_____ How long will salary be continued? _____
   Are you requesting reimbursement at employee's compensation rate? ☐ yes ☐ no
7. If employee is released to return to MODIFIED DUTY, is that available? ☐ yes ☐ no

Date: _____ Signed by: _____ (please print)

Signature: _____