



WEEKLY EARNINGS

Claim #:	_____
Adj #:	_____

Injured: _____ Employer: _____

Date of Accident: _____ Date Employed: _____

If injured DID NOT work 52 weeks before accident, please give all available earnings. However, if employee worked less than 6 weeks, please report the earnings of a similar employer on a separate form.

This is the payroll of _____

Week No.	Week Ending Date	Number of Days Worked	Amount Paid Including Overtime	Week No.	Week Ending Date	Number of Days Worked	Amount Paid Including Overtime
1				27			
2				28			
3				29			
4				30			
5				31			
6				32			
7				33			
8				34			
9				35			
10				36			
11				37			
12				38			
13				39			
14				40			
15				41			
16				42			
17				43			
18				44			
19				45			
20				46			
21				47			
22				48			
23				49			
24				50			
25				51			
26				52			
Total		CARRY FORWARD		Total			

REMARKS: PLEASE INCLUDE ANY BENEFITS PAID TO OR FOR THE EMPLOYEE OTHER THAN SALARY. Examples: Mileage, gas allowance, insurance premiums, etc.