



# WAGE STATEMENT

DATE \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

I have examined our payroll records and the following table shows the weeks worked and the wages earned by the above-named employee during the period stated therein (including bonus and overtime pay).

I have examined our payroll records and find that the above-named employee did not work for said employer for a sufficient period to determine a proper average weekly wage. Therefore, the following table shows the weeks worked and wages earned by \_\_\_\_\_ a fellow employee of the same class who was similarly engaged by the same employer and who did work a substantial part of the year prior to \_\_\_\_\_.

(Date of alleged injury)

Position: \_\_\_\_\_ Signed By: \_\_\_\_\_

	Week Ending			Days Worked	Amount Paid		Week Ending			Days Worked	Amount Paid	
	Month	Day	Year				Month	Day	Year			
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						
<b>Total \$</b>						<b>Total \$</b>						
<b>Entire Total \$</b>												

Please mail form to: IPEP  
 P.O. Box 1247  
 Kokomo, Indiana 46903-1247

Toll-free: 1-800-382-8837  
 Claims Fax: 1-765-868-3310  
 Local: 1-765-457-9161