



# 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.

\_\_\_\_\_ 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 the 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)

	WEEK ENDING	HOURS WORKED	\$ PER HOUR		WEEK ENDING	HOURS WORKED	\$ PER HOUR	
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>								

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

If you have any questions, please call **Cannon Cochran Management Services, Inc., 1-800-628-5618.**

Mail form to: Cannon Cochran Management Services, Inc.  
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