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

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

(employee)

Date: _____

Signed: _____

District: _____

Return form to: TRISTAR Risk Management
Email: ColoradoSpecial.DistrictsPool@tristargroup.net
Fax: 720-962-0301