

Prepared for:
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Law Offices of Gary L. Wolfstone
Attorney for the Injured Employee

WAGE LOSS & EARNINGS STATEMENT

Date of accident: _____20_____

1. NAME OF INJURED EMPLOYEE ("Employee"), SSN & DATE OF BIRTH:

_____, SSN: _____ DOB: _____

2. EMPLOYER _____

ADDRESS _____

TELEPHONE _____

3. Employee's job title, description of duties, and physical requirements:

4. Has employee had to change duties because of accident: YES/NO

If so, please explain:

5. Employee's dates of employment:

Commencement Date: _____

Termination date (if applicable): _____

Reason for termination (if applicable): _____

6. Employee is paid (Check one; Fill in amount)

Hourly \$ _____ Daily \$ _____ Weekly \$ _____

Monthly \$ _____ Yearly \$ _____ Piece work Basis _____

7. Number of hours & days employee regularly worked each week:

8. Please list dates & hours employee missed work because of the accident:_____

9. Employee's gross wage loss for the period missed due to the accident was:

\$_____ for _____ months, or

\$_____ for _____ weeks, or

\$_____ for _____ days, or

\$_____ for _____ hours

for a total wage loss to date of \$_____.

10. Check if applicable, and explain below:

____ Employee is paid on a piece-work basis and does not have fixed hours; the following is an estimate of the wage loss for the time period that employee would have worked, based on the employee's previous work records:_____

11. Employee has lost the following additional employee benefits, if any, due to the injury:_____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, based upon my personal knowledge and my review of the employer's records for the aforesaid employee:

Signature of authorized agent of Employer:_____

Printed name:_____ Position:_____

Date & place signed:_____ Dated:_____ 20_____