

Wage Verification Form

Please Let the following serve as verification of lost wages:

Employee: _____

Date of Loss: _____

Company Name: _____

My Name: _____

My Job Title: _____

Employee has:

- Been employed with our company since: _____
- _____ has missed _____ (circle one) hours - days - weeks - months, including vacation time or sick leave, of work due to this accident.
- On the date of the accident, employee was paid as follows: _____ per hour - week - month (circle one).
- On the date of the accident, the employee worked approximately _____ hours per day - week - months (circle one).

As of today, the employee, _____ has lost a total of \$ _____ in wages due to the said accident including calculated sick leave and vacation time traceable to this accident.

Signed this _____ day of _____, 20____

Supervisor's Signature _____

Printed Name _____

Company Name _____

Company Telephone _____

Company Address _____