

Lost Wage Statement

Client: _____

Employer: _____

This is to certify that _____ missed the following days of
(Name of Client)
 work following his/her automobile accident of _____.
(Date of Accident)

The employee's wages were \$ _____ per hour; \$ _____ per week.

DATES MISSED

FROM	TO
TOTAL SALARY LOST	

(Please attached separate blank page(s) if necessary)

(Employer)

By: _____

Date: _____