

## WAGE AND SALARY VERIFICATION

TO:

FROM:

Personal Injury Accident Date:

1. Length of Employment: From \_\_\_\_\_ Through \_\_\_\_\_  
(Prior to Accident)
2. Job Title or Description: \_\_\_\_\_
3. a. Wage or salary as of accident date: \$ \_\_\_\_\_ ( ) Per Hour  
\$ \_\_\_\_\_ ( ) Per Week  
\$ \_\_\_\_\_ ( ) Per Month  
b. Average weekly wage: \$ \_\_\_\_\_  
c. Average hours worked per week: \$ \_\_\_\_\_  
d. Average days worked per week: \$ \_\_\_\_\_  
e. Average overtime hours worked per week: \$ \_\_\_\_\_  
Paid at what rate? a) Time and a half \_\_\_\_\_  
b) Double time \_\_\_\_\_  
c) Other (Explain) \_\_\_\_\_  
f. Additional compensation (bonuses, etc.): \$ \_\_\_\_\_  
g. Missed promotions, raises, etc. \$ \_\_\_\_\_
4. Dates absent following accident: From \_\_\_\_\_  
Through \_\_\_\_\_  
Total Days \_\_\_\_\_
5. Date employee returned for work following accident: Light Work \_\_\_\_\_  
Regular Work \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING  
IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_ Job Title: \_\_\_\_\_