

WAGE STATEMENT

EMPLOYEE _____ EMPLOYER: _____

DATE OF INJURY _____ CLAIM NO. _____

Please complete this table to show the weeks worked and the **gross** wages earned by this employee for the fifty-two (52) weeks **prior to the date of injury** in accordance with Alabama Workers' Compensation Law 25-5-57(b). If this employee did not work a sufficient number of weeks to complete this table, use the wages of a fellow employee of the same class and who was engaged in the same type work for the time period stated above.

	Week Ending			Days Worked	Gross Payroll		Week Ending			Days Worked	Gross Payroll
	Mo.	Day	Year				Mo.	Day	Year		
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					\$

Annual Total \$

This report was prepared by _____ Date _____
 (Please complete fringe benefit information on page two.)

FRINGE BENEFIT INFORMATION

EMPLOYEE _____ EMPLOYER: _____

DATE OF INJURY _____ CLAIM NO. _____

1. Please indicate if any of the following benefits are provided for this employee. If yes, list the cost (amount paid by the employer) for each benefit provided on behalf of this employee.

Health Insurance \$ _____

Life Insurance \$ _____

Disability Insurance \$ _____

2. Do you still provide the benefits? Yes or No

3. If no, what date did you discontinue the benefits? _____

Verified by _____ Date _____

NOTE: Should you discontinue fringe benefits at a later date prior to resolution/closure of this employee's worker's compensation claim, notify AlaCOMP/Business Insurance Group, LLC immediately.

CHILD SUPPORT GARNISHMENT/LEVY

Have you, the employer, received an order/notice to withhold income for child support? Yes or No

If yes, provide us a copy of the order.

ALABAMA DEPT OF CORRECTIONS WORK RELEASE PROGRAM

Is this employee a participant in the Work Release Program? Yes or No

If yes, provide employee's AL DEPT OF CORRECTIONS prisoner ID number. _____

Name (facility), address, and telephone number of the Work Release Program: _____

