

WEEKLY EARNINGS SCHEDULE

52 Weeks

Please complete and return the Weekly Earnings Schedule below, which is required by Compensation Law, even though there may have been no loss of time from work.

Your cooperation in promptly completing and returning this form in the enclosed envelope will be appreciated.

EMPLOYER LOCATION CODE

DATE	EMPLOYER	EMPLOYEE	SOCIAL SECURITY NO.
DATE OF ACCIDENT	DATE DISABILITY BEGAN	DATE COMPENSATION BEGINS	DATE EMPLOYED
			FILE NO.

Indicate only those wages earned by injured employee during 52 week period immediately preceding accident

WEEK NO.	WEEK		AMOUNT PAID EXCLUDING OVERTIME	PAID FOR OVERTIME OR EXTRA WORK	WEEK NO.	WEEK		AMOUNT PAID EXCLUDING OVERTIME	PAID FOR OVERTIME OR EXTRA WORK										
	From (Date)	To (Date)				From (Date)	To (Date)												
	X	X	XX	X	X	X	X	X	X	X	X	X	X						
						<i>Totals carried forward</i>													
1					27														
2					28														
3					29														
4					30														
5					31														
6					32														
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23					49														
24					50														
25					51														
26					52														
	<i>Carry totals forward</i>					TOTALS													

REMARKS

I certify that the above is a true copy of payroll record of INJURED'S earnings as shown on EMPLOYER'S records.

Signed _____ Title _____