

LAW OFFICES OF MARC SNYDER
229 N. Howard Street, Suite 201 Baltimore, MD 21201
Phone: 410-528-1177 Fax: 410-528-7788

EMPLOYEE:
SSN:
Accident Date:

1. Date employee initially began work for you: _____
2. Is employee presently employed with you? yes no
If your answer is no, state the last date employed and the reason for termination:

3. Employee's job title/description: _____
4. Average earnings at time of accident: \$ _____
 hourly daily weekly bi-weekly
5. If employee is entitled to bonuses, overtime, commissions or other income (not included above), but did not receive such bonuses, etc. due to his/her absence, describe in detail which benefits were not received by employee and the amount to which he/she would have been entitled to receive had he/she not been absent.

6. Average number of hours worked per day: _____
Average number of hours worked by week: _____
Employee works the following days of the week:
 Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
7. First date employee worked after accident: _____
8. List all dates/times employee was absent after accident:

(use reverse side if additional space is needed)
9. Was employee paid wages/salary for all or part of the period he/she was absent?
 yes no If yes, amount: \$ _____
10. Is employee entitled to receive benefits under any Workers' Compensation Law as a result of this accident: yes no

Signature of Person Completing Form: _____

Title: _____

Company Name: _____

Address: _____

Telephone: _____ Date: _____

Please attach business card (if available)