
WAGE AND SALARY VERIFICATION

1. Employer's Name and Address:

2. Employee's Name and Address:

3. Date of Birth:

4. Social Security No.:

5. Dates of Employment:

From: _____ To: _____

6. Wage or Salary as of date of accident:

\$ _____ per hour

\$ _____ per week

\$ _____ per month

\$ _____ per year

7. Hours in normal workweek:

8. Days absent following accident:

From: _____ To: _____

Date: _____ Signed by: _____

Title: _____