

## WAGE INFORMATION INSTRUCTIONS

Employee Name:

Social Security #:

Date of Injury:

## PECUNIARY WAGE INFORMATION

PERIOD	Month	Bi-Weekly	1	2	3	4	5	6	7	8						
Week																
FROM DATE:																
TO DATE:																
HOURS WORKED:																
GROSS WAGES EARNED:																

## NONPECUNIARY WAGE INFORMATION

Nonpecuniary Wage Type	Employer Provided Prior To Injury?		1
	YES	NO	
Health Insurance			
Laundry / Cleaning			
Clothing / Uniforms			