WAGE STATEMENT

EMPLOYEE NAME	DATE OF INJURY
EMPLOYER NAME	PHONE

INSTRUCTIONS: Please provide us with the above individual's earnings for the twelve-month period (if applicable) preceding the date of injury. Include overtime, bonuses, etc. The chart below is for your convenience. You may either use this chart or submit the information using your own computerized wage information format.

FROM	TO

PAY PERIOD ENDING	HOURS WORKED	GROSS EARNINGS	PAY PERIOD ENDING	HOURS WORKED	GROSS EARNINGS

RATE OF PAY ON DATE OF INJURY

$ _____ per _____

OTHER WAGES EMPLOYEE RECEIVES

Vehicle Allowance: $ _____ per _____ Room & Board (approx. value): $ _____ per _____

EMPLOYEE IS PAID (check one)

___ HOURLY ___ WEEKLY ___ BI-WEEKLY ___ BI-MONTHLY OTHER _____

EMPLOYEE WORKS (check one)

___ FULL-TIME ___ PART-TIME ___ SEASONAL

EMPLOYEE TYPE - For School Districts Only (check one)

____ SUBSTITUTE ____ 10 MONTH ____ 11 MONTH ____ 12 MONTH ____ YEAR-ROUND: TRACK_____

COMMENTS

COMPLETED BY (type or print)	SIGNATURE	DATE

MAIL COMPLETED FORM TO:

York Insurance Services Group
313 E. Foothill Blvd., Upland, CA 91786-3952
(909) 608-7171 Fax: (909) 608-7165

ANY QUESTIONS? PLEASE CONTACT US AT THE ABOVE PHONE NUMBER.