

EMPLOYER

CLAIM NUMBER			<b>CALIFORNIA WAGE STATEMENT</b>										
EMPLOYEE			California state law mandates that an employer shall provide proof of earnings for all injured workers when the injury results in temporary disability and the employee earns less than \$735 per week. Please complete the weekly wage history below covering the employee's GROSS wages for the 12 months preceding the work injury and mail to:										
DATE OF INJURY													
COMPLETED BY													
TITLE			DATE OF HIRE: _____ LAST DAY WORKED: _____										
WAS EMPLOYEE PAID FULL WAGES ON THE DATE OF INJURY? Yes No			EMPLOYMENT: FULL TIME ____ PART-TIME ____ TEMPORARY / SEASONAL / PERMANENT										
			REGULAR WORK DAYS: M T W TH F S SUN TIME START: TIME END:										
Dates Inclusive Of Each Period Paid			Regular Wages	Overtime	Bonus	Gross Wages	Dates Inclusive Of Each Period Paid			Regular Wages	Overtime	Bonus	Gross Wages
FROM	TO	YEAR					FROM	TO	YEAR				
1							27						
2							28						
3							29						
4							30						
5							31						
6							32						
7							33						
8							34						
9							35						
10							36						
11							37						
12							38						
13							39						
14							40						
15							41						
16							42						
17							43						
18							44						
19							45						
20							46						
21							47						
22							48						
23							49						
24							50						
25							51						
26							52						
TOTAL ->							GROSS TOTAL ->						

LODGING, MEALS, TIPS, ETC. \_\_\_\_\_

COMMENTS: \_\_\_\_\_