



5615 CORPORATE BLVD., 7th FLOOR
BATON ROUGE, LA 70808
PHONE | 225.923.1050

400 NORTH TRENTON, SUITE 200
RUSTON, LA 71270
PHONE | 318.254.8519

TOLL FREE PHONE | 800.311.0997
TOLL FREE FAX | 866.923.1871
STONETRUSTINSURANCE.COM

52 WEEK WAGE STATEMENT

Weeks	Straight Time Worked		Wages Paid For Straight Time	Overtime Hours Worked		Wages Paid for Overtime
	Days	Hours		Days	Hours	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
Total						

Commission No.

Carrier Claim No.

Employee Name:

Employee S.S. No.:

Employer Name:

Employer FEIN No.:

Carrier or Self-Insured Name:

Carrier NAIC No.:

INSTRUCTIONS FOR COMPLETING WAGE STATEMENT

In completing the Wage Statement, in week one give information for the week prior to the injury and follow with preceding weeks. Days and hours of straight time work should be given in all cases.

Please confirm any additional benefits the employee received during the 52 weeks prior to his injury including the reasonable value of board, rent, housing, lodging or similar advantage received from the employer and gratuities received in the course of employment from others than the employer.
