

ALABAMA

WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

Carrier Claim Number

Employee Name

Employer Name

Employer FEIN

Carrier or Self-Insured Name

Carrier NCCI Number

Weeks	Dates		Straight Time Worked		Wages Paid For Straight Time	Overtime Hours Worked		Wages Paid For Overtime
	From	To	Days	Hours		Days	Hours	
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Total								

**Mail this completed form
to our Southwest Region
office at:**

PO Box 80793
Baton Rouge LA 70898-0793
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225-928-0820

