Form AWW-POST
Average Weekly Wage Certification – Post Injury
October 2016 Edition

Filed:

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS

CLAIM NO. _____

_____ **PLAINTIFF/EMPLOYEE**

VS **WAGE CERTIFICATION**

_____ **DEFENDANT/EMPLOYER**

1. Date of Injury/Exposure as reported on Claim Form _____

2. Method of Wage Payment (check one):

☐ Hourly Amount _____ ☐ Daily Amount _____

☐ Weekly Salary Amount _____ ☐ Monthly Salary Amount _____

☐ Yearly Salary Amount _____ ☐ Output of Employee Amount _____

3. Date of Return to Work: _____

4. Place of Return to Work: _____

5. Did Employer provide any of the following (check appropriate ones):

☐ Board ☐ Rent ☐ Housing

☐ Lodging ☐ Fuel

6. Did Employee (check appropriate ones):

☐ Work Overtime ☐ Receive Gratuities ☐ Paid Vacation/Holidays

Plaintiff/Employee's Name: _____

Claim Number: _____

	Weeks Worked Month/Day/Year	Total Regular and Overtime Hours Worked		Regular Hourly Rate		
1.			X		=	
2.			X		=	
3.			X		=	
4.			X		=	
5.			X		=	
6.			X		=	
7.			X		=	
8.			X		=	
9.			X		=	
10.			X		=	
11.			X		=	
12.			X		=	
13.			X		=	

Total: $ _____

÷ by 13 weeks = $ _____

14.			X		=	
15.			X		=	
16.			X		=	
17.			X		=	
18.			X		=	
19.			X		=	
20.			X		=	
21.			X		=	
22.			X		=	
23.			X		=	
24.			X		=	
25.			X		=	
26.			X		=	

Total: $ _____

÷ by 13 weeks = $ _____

	Weeks Worked Month/Day/Year	Total Regular and Overtime Hours Worked		Regular Hourly Rate		
27.			X		=	
28.			X		=	
29.			X		=	
30.			X		=	
31.			X		=	
32.			X		=	
33.			X		=	
34.			X		=	
35.			X		=	
36.			X		=	
37.			X		=	
38.			X		=	
39.			X		=	

Total: $ _____

÷ by 13 weeks = $ _____

40.			X		=	
41.			X		=	
42.			X		=	
43.			X		=	
44.			X		=	
45.			X		=	
46.			X		=	
47.			X		=	
48.			X		=	
49.			X		=	
50.			X		=	
51.			X		=	
52.			X		=	

Total: $ _____

÷ by 13 weeks = $ _____

CERTIFICATION

I certify that the above wage information is a true and accurate accounting of the wages of _____ Subsequent to the date of the injury/last exposure set forth in the claim form.

Plaintiff/Employee

_____

Name of Company

_____

Signature

_____

Title

_____

Date

CERTIFICATE OF SERVICE

Unless this form has been submitted electronically, I certify that the original of this wage certification was mailed this _____ day of _____ , 20 _____ to the Commissioner and a copy of the same to Counsel of record and the assigned Administrative Law Judge.

_____

Attorney