

WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

[illegible][illegible]

Employee's name		Case number
Job title	Date of hire	
Hourly or salary rate		
Does this employee earn overtime wages? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what is the rate?
Does this employee receive tips or commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the employee generally working a normal 40-hour week before the work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If applicable, please explain how commissions are calculated for this employee.		
What are the employee's average daily tips?		
Name and title of person completing this form		Date

Please return this form and the wage documentation within 7 days to
Summit at PO Box 80793, Baton Rouge, LA 70898-0793.
If you have any questions about this form, feel free to call us.



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