LOUISIANA

WAGE STATEMENT IMMEDIATELY PRECEDING INJURY DATE

Please provide written confirmation of gross wages for the 26 weeks preceding the date of injury. In addition to completing this Wage Statement form, please attach any additional documentation substantiating the injured worker's wages. This documentation can be in the form of a computer printout, copies of time cards or payroll ledgers, check stubs, etc. This is necessary to accurately calculate the average weekly wage and compensation benefits for your employees.

Pay date	Week beginning	Week ending	Number of days worked	Gross amount

Employee's name	Case number					
Job title	Date of hire					
Hourly or salary rate						
Does this employee earn		If so, what is the rate?				
□ Yes	□No					
Does this employee receive tips or commissions?						
□ Yes	□ No					
Was the employee generally working a normal 40-hour week before the work injury?						
□ Yes	□ 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 of			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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