MAXCIS, INC.
WAGE INFORMATION

Employee_____ S.S. No._____ Claim No._____

Employer_____ Date of Injury_____

If wage/hour - hourly rate $_____ Hours per week_____

If Salary - $_____ per _____
Wk. Mo. Year Wk. Mo. Year

In order to determine the proper weekly benefit to which the employee is entitled we must determine the gross wage received for each week in which any work was performed for 52 weeks prior to the week in which the injury occurred. If less than 52 weeks were worked, give all worked. If less than one week completed, be certain you furnish the hourly rate and number of hours per week for which hired.

Weekly wage must include overtime, premium, and cost of living pay. Give weekly dollar value of fringe benefits paid by employer such as pension contributions and insurance premiums which are **discontinued during disability.**

WEEK NO.	PAY PERIOD ENDING	WEEKLY WAGE	WEEKLY VALUE OF FRINGE BENEFITS DISCONTINUED DURING DISABILITY	WEEK NO.	PAY PERIOD ENDING	WEEKLY WAGE	WEEKLY VALUE OF FRINGE BENEFITS DISCONTINUED DURING DISABILITY
1				27			
2				28			
3				29			
4				30			
5				31			
6				32			
7				33			
8				34			
9				35			
10				36			
11				37			
12				38			
13				39			
14				40			
15				41			
16				42			
17				43			
18				44			
19				45			
20				46			
21				47			
22				48			
23				49			
24				50			
25				51			
26				52			

Completed by_____ Department_____ Date_____

Print Form