## KENTUCKY

DEPARTMENT OF WORKERS CLAIMS

## CLAIM NUMBER

$\qquad$

PLAINTIFF

1. Date of Injury/Exposure as reported on Form 101/102/103: $\qquad$
2. Method of Wage Payment (check one):Hourly

$\square$Daily


Weekly Salary


Monthly SalaryYearly Salary
$\square$

Output of Employee
3. Date of Hire or Employment: $\qquad$
4. Status or Classification of Employment (check one):Part-time


Full-time $\square$ Probationary
$\square$ Seasonal $\square$ Volunteer $\square$ Apprentice/Trainee
5. Did Employer provide any of the following (check appropriate ones):
$\square$ Board


Rent


Housing
$\square$ Lodging $\square$ Fuel
6. Did Employee (check appropriate ones):Work Overtime $\square$ Receive Gratuities

Claimant's Name: $\qquad$
Claim Number: $\qquad$
Weeks Worked
Month/Day/Year

| \# of Regular | \# of Overtime | Regular |
| :--- | :--- | :--- |
| Hours Worked | Hours Worked | Hourly Rate |

Weekly Wage


Total:
$\$$
$\div$ By 13 weeks
=

Total:
\$
$\div$ By 13 weeks $=$
\$
$\qquad$

Claimant's Name: $\qquad$
Claim Number: $\qquad$


## CERTIFICATION

I hereby certify that the above wage information is a true and accurate accounting of the wages of (claimant's name) $\qquad$ from the date of employment or fifty-two weeks prior to the date of the injury/last exposure as set forth in the Form 101/102/103, whichever is shorter.

> Name of Company

## Signature

## Title

## Date

## CERTIFICATE

It is hereby certified that the original of this wage certification was mailed this day of $\qquad$ the assigned Administrative Law Judge.

## Attorney for Defendant Employer

