KENTUCKY DEPARTMENT OF WORKERS CLAIMS

CLAIM NUMBER

vs				 WAGE	CERTI	FICATION	PLAINTIFF DEFENDANTS
1.	Date	of Injury/Expo	osure as	reported on Fo	orm 101/	102/103:	
2.	Meth	od of Wage Pa					
		Hourly				Daily	
		Weekly Sala	ary			Monthly Salary	
		Yearly Salar	ry			Output of Employee	
3.	Date	of Hire or Em	ploymen	t:			
4.	Statu	s or Classificat					
		Part-time		Full-time		Probationary	
		Seasonal		Volunteer		Apprentice/Trainee	
5.	Did I						
		Board		Rent		Housing	
		Lodging		Fuel			
6.	Did F	Employee (che	ck appro	priate ones):			
		Work Overt	ime	□ Rece	eive Grat	cuities Paid Vacat	ions/Holidays

Claim Number:						
Weeks Worked Month/Day/Year	# of Regular Hours Worked		# of Overtime Hours Worked		Regular Hourly Rate	Weekly Wage
1.		+		X	=	: <u></u>
2.		+			<u> </u>	:
3.		+		X		·
4.		+		X	=	
5.		+		X		
6.		+		X		
7.		+		X	=	
8.		+		X	·	
9.		+			=	
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	=	<u></u>
24.		+		X		:
25.		+		X		:
26.		+		X		:
					Total:	\$
					÷ By 13 weeks	ф
					=	\$

Claimant's Name:

Claim Number:				
Weeks Worked Month/Day/Year	# of Regular Hours Worked	# of Overtime Hours Worked	Regular Hourly Rate	Weekly Wage
27.		+	x =	·
28.		+	x =	
29.		+	x =	
30.		+	x =	<u> </u>
31.		+	x =	<u> </u>
32.		+	x =	
33.		+	x =	
34.		+	x =	·
35.		+	x =	
36.		+	x =	
37.		+	x =	
38.		+	x =	
39.	<u> </u>	+	x =	
			Total:	\$
			÷ By 13 weeks	4
			=	\$
				-
40.		+	x =	:
41.		+	x =	:
42.		+	x =	
43.		+	x =	
44.		+	x =	
45.	<u> </u>	+	x =	
46.		+	x =	
47.		+	x =	•
48.	<u></u>	+	X =	
49.	·	+	x =	-
50.	<u> </u>	+	x =	
51.	<u> </u>	+	x =	
52.		+	x =	
J 4.			Λ	
			Total:	\$
			÷ By 13 weeks	Ψ
			=	\$

Claimant's Name:

CERTIFICATION

	wage information is a true and accurate accounting of the
wages of (claimant's name)	from the date of employment or
· ·	e injury/last exposure as set forth in the Form 101/102/103,
whichever is shorter.	
	Name of Company
	Name of Company
	Signature
	Title
	Date
	CERTIFICATE
	CERTIFICATE
It is hereby certified that the original	inal of this wage certification was mailed this day
· · · · · · · · · · · · · · · · · · ·	nissioner and a copy of the same to Counsel of record and
the assigned Administrative Law Judge	* *
	Attorney for Defendant Employer