

WAGE LOSS STATEMENT

TO WHOM IT MAY CONCERN:

_____ was employed by _____, from _____ to _____. From the time of his injury on _____, he missed _____ days/hours from work as a result of his injuries. His wage rate on the date of injury was \$ _____ per _____. His wage rate increased to \$ _____ per _____ on _____, 20__.

In addition, his overtime rate was \$ _____ per hour on the date of the injury. He also missed _____ days/hours of overtime from the date of injury to the present date totaling \$ _____.

As of the date of this statement, lost wages for _____ total \$ _____, including pay raises, tips, overtime and commission (if applicable).

Comments: _____

Employer

Title: _____

Date: _____