

EMPLOYEE: _____ EMPLOYER _____

DATE OF INJURY: _____

Please complete this table to show the weeks worked and the gross wages earned by this employee for the fifty-two (52) weeks prior to the date of injury in accordance with Alabama Workers' Compensation Law 25-5-57(b). If this employee did not work a sufficient number of weeks to complete this table, use the wages of a fellow employee of the same class and who was engaged in the same type of work for the time period stated above.

	Week Ending			Days Worked	Gross Payroll		Week Ending			Days Worked	Gross Payroll
	Mo.	Day	Year				Mo.	Day	Year		
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						
			Total	\$					Total	\$	
										Annual Total	\$

This Report was prepared by _____ Date _____

(Please complete fringe benefit information on page two.)

FRINGE BENEFIT INFORMATION

EMPLOYEE:

EMPLOYER:

DATE OF INJURY:

1. Please indicated if any of the following benefits are provided for this employee. If yes, list the cost (amount paid by you, the employer) for each benefit provided on behalf of this employee.

Health Insurance \$ _____

Life Insurance \$ _____

Disability Insurance \$ _____

2. Do you still provide the benefits? Yes or No.

3. If no, what date did you discontinue the benefits? _____

Verified by _____ Date _____

NOTE: Should you discontinue fringe benefits at a later date prior to resolution/closure of this employee's worker's compensation claim, notify Millennium Risk Managers immediately.