

Worker's Compensation

State: Kansas

Claim Number _____

**** WAGES FROM DATE OF INJURY BACK 26 WEEKS ****

Employer _____ Employee _____
 Date employee ceased to work _____ How long employed? _____
 Date employee returned to work _____
 At what rate? _____

Dates (inclusive) of each period paid for			Hours, Days Weeks, Months Covered	Total Gross Pay Amount
From	To	Year		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
TOTAL				

This is a correct statement of Employee's earnings as actually taken from our payroll records.

Completed by: _____

Number of weeks which statement covers _____
 Number of days lost _____
 Number of Weeks actually worked _____
 Total amount paid _____ Average Weekly Wage _____