

# Paycheck Statement

Pay Period: \_\_\_\_\_

Through: \_\_\_\_\_

If injured on the job during this time period, please give complete details of the accident, the time and place it occurred, where it took place and the nature of the injury. Please give the details on the back of this sheet or one provided by your supervisor.

I was <b>not Injured</b> in any way while on the job during the above mentioned period	I was <b>Injured</b> on the job during the above mentioned time period
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Employee Name

Employee Signature

Date **You** Received Pay Check

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor Name

Supervisor Signature

Date in which this form was completed