

# 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.

| Employee Name | Employee Signature | I was not Injured in any way while on the job during the above mentioned period | I was Injured on the job during the above mentioned time period | Date <b>You</b> Received Pay Check |
|---------------|--------------------|---|---|------------------------------------|
| _____         | _____              | [ ]   | [ ]   | _____                              |
| _____         | _____              | [ ]   | [ ]   | _____                              |
| _____         | _____              | [ ]   | [ ]   | _____                              |
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| _____         | _____              | [ ]   | [ ]   | _____                              |

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date on which this form was completed