



AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE

Print or Type

1. Employer's Name and Address:		2. Insurer's Case File #:	
4. Employee's Name and Address:		3. DIA Board # (if known):	
		5. # of dependent children:	
7. Date of Injury (mm/dd/yyyy):		6. # of other dependents:	
		9. Date of Employment (mm/dd/yyyy):	
8. Date of Disability (mm/dd/yyyy):		10. Has employee been certified by U.S. Veterans Administration for any type of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date of Employment (mm/dd/yyyy):			

Indicate only those wages earned by the injured worker during the 52 week period immediately preceding the accident. If the injured employee has worked for less than 52 weeks, report wages from the time worked and, for the remaining weeks on this schedule, substitute wages of a fellow employee in the same class of employment who has worked for one year or more.

11. Week No.	Year:		Gross Amount Before Taxes	Week No.	Year:		Gross Amount Before Taxes	Week No.	Year:		Gross Amount Before Taxes
	Week Ending				Week Ending				Week Ending		
	Month	Day			Month	Day			Month	Day	
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35							
18				36							
										Total:	

12. Was room furnished to the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. If tips or other benefits were earned, describe and state value per week:
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THIS IS A TRUE COPY OF THE PAYROLL RECORD OF THE ABOVE NAMED EMPLOYEE OR FELLOW EMPLOYEE IN THE SAME CLASS OF EMPLOYEMENT

14. Name of Fellow Employee (if applicable):	15. Employer/Preparer Signature:	16. Date Signed (mm/dd/yyyy):
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