

WORKERS' COMPENSATION COMMISSION

STATEMENT OF WAGE INFORMATION

The information below is provided pursuant to LE, §9-602(a)(2), Annotated Code of Maryland and COMAR 14.09.03.06.
This form should be submitted before the consideration date or to provide updated wage information.

Claimant Name _____

WCC Claim Number _____

*Was this employee provided free rent, lodging, board, tips or other allowances in addition to the above earnings?
If "yes", the weekly or bi-weekly value must be included in the "Other Allowances" Column.

When the employee is paid weekly, complete each row for the most recent 14 weeks where wages were paid. If paid alternate weeks please enter in the clear, even-numbered rows. If paid on any other schedule, please use the worksheet on page 2 to calculate the average weekly wage. If less than 14 weeks were worked by the employee, use the worksheet on page 2.

Week #	Week Ending (MM/DD/YYYY)	Days Worked	Gross Wages <i>including overtime</i>	Other Allowances*	Total Amount Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
TOTALS					

TOTAL	divided by number weeks worked (where wages are paid/indicated)	14	=	Average Weekly Wage
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I HEREBY CERTIFY that on this _____ day of _____, _____, service of the foregoing was made in accordance with COMAR 14.09.01.03.

SUBMITTED BY:

Name

Signature

Company

Title

Street

City

State

ZIP Code

Telephone

Email address

S T A T E M E N T O F W A G E I N F O R M A T I O N

CALCULATION OF AVERAGE WEEKLY WAGE WHEN CLAIMANT
IS PAID OTHER THAN WEEKLY OR BI-WEEKLY
(Monthly, Semi-Monthly or other, attach details)

- A. Inclusive dates used in wage statement _____ to _____
- B. Number of days used in calculation _____
(Minimum 98 days to capture 14 weeks)
- C. Gross wages _____
(including overtime, free rent, lodging,
board, tips & other allowances)
- D. Daily Rate ($C \div B$) _____

Average Weekly Wage ($D \times 7$)