# Request for Wage Information

Injured Worker _____ Date of Injury _____

Employer _____ Date of Hire _____

**Fax the completed form to us at 844-761-8402 or email it to claims@omahanational.com.**

| EMPLOYEE WAGE & OCCUPATION INFORMATION | |
|---|---|
| Occupation / Job Title | |
| Employment Status | ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Apprentice/Trainee ☐ Volunteer |
| Summary of Duties / Tasks | |
| Wage Rate or Salary | |
| Pay Frequency | ☐ Daily ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-monthly ☐ Yearly ☐ Other: |
| Days of Workweek | ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ Varied |
| Check any that apply | ☐ Board & Lodging<br>☐ Fuel / Mileage / Travel Allowances<br>☐ Paid Vacations / Holidays<br>☐ Rent<br>☐ Tools or Equipment<br>☐ Commissions<br>☐ Meals<br>☐ Recent Wage Increase / Pay Raise<br>☐ Tips<br>☐ Vehicle |

## EMPLOYEE EARNINGS

| Week | From Date (MM/DD/YYYY) | To Date (MM/DD/YYYY) | # Regular Hours Worked | | # Overtime Hours Worked | | Regular Hourly Rate | | Additional Compensation | Total Earnings |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | + | | × | | + | | |
| 2 | | | | + | | × | | + | | |
| 3 | | | | + | | × | | + | | |
| 4 | | | | + | | × | | + | | |
| 5 | | | | + | | × | | + | | |
| 6 | | | | + | | × | | + | | |
| 7 | | | | + | | × | | + | | |
| 8 | | | | + | | × | | + | | |
| 9 | | | | + | | × | | + | | |
| 10 | | | | + | | × | | + | | |
| 11 | | | | + | | × | | + | | |
| 12 | | | | + | | × | | + | | |
| 13 | | | | + | | × | | + | | |
| Week | From Date (MM/DD/YYYY) | To Date (MM/DD/YYYY) | # Regular Hours Worked | | # Overtime Hours Worked | | Regular Hourly Rate | | Additional Compensation | Total Earnings |
| 14 | | | | + | | × | | + | | |
| 15 | | | | + | | × | | + | | |
| 16 | | | | + | | × | | + | | |
| 17 | | | | + | | × | | + | | |
| 18 | | | | + | | × | | + | | |
| 19 | | | | + | | × | | + | | |
| 20 | | | | + | | × | | + | | |
| 21 | | | | + | | × | | + | | |
| 22 | | | | + | | × | | + | | |
| 23 | | | | + | | × | | + | | |
| 24 | | | | + | | × | | + | | |
| 25 | | | | + | | × | | + | | |
| 26 | | | | + | | × | | + | | |

| Week | From Date (MM/DD/YYYY) | To Date (MM/DD/YYYY) | # Regular Hours Worked | | # Overtime Hours Worked | | Regular Hourly Rate | | Additional Compensation | Total Earnings |
|---|---|---|---|---|---|---|---|---|---|---|
| 27 | | | | + | | × | | + | | |
| 28 | | | | + | | × | | + | | |
| 29 | | | | + | | × | | + | | |
| 30 | | | | + | | × | | + | | |
| 31 | | | | + | | × | | + | | |
| 32 | | | | + | | × | | + | | |
| 33 | | | | + | | × | | + | | |
| 34 | | | | + | | × | | + | | |
| 35 | | | | + | | × | | + | | |
| 36 | | | | + | | × | | + | | |
| 37 | | | | + | | × | | + | | |
| 38 | | | | + | | × | | + | | |
| 39 | | | | + | | × | | + | | |
| Week | From Date (MM/DD/YYYY) | To Date (MM/DD/YYYY) | # Regular Hours Worked | | # Overtime Hours Worked | | Regular Hourly Rate | | Additional Compensation | Total Earnings |
| 40 | | | | + | | × | | + | | |
| 41 | | | | + | | × | | + | | |
| 42 | | | | + | | × | | + | | |
| 43 | | | | + | | × | | + | | |
| 44 | | | | + | | × | | + | | |
| 45 | | | | + | | × | | + | | |
| 46 | | | | + | | × | | + | | |
| 47 | | | | + | | × | | + | | |
| 48 | | | | + | | × | | + | | |
| 49 | | | | + | | × | | + | | |
| 50 | | | | + | | × | | + | | |
| 51 | | | | + | | × | | + | | |
| 52 | | | | + | | × | | + | | |

Signature _____ Date _____