**WAGE STATEMENT**

**INSTRUCTIONS:** This Wage Statement should be completed and signed by the employer unless the injured worker is self-employed or unemployed. If the injured worker is self-employed or unemployed, both the Wage Statement and the affidavit must be completed.

**FAILURE TO FILE WAGE STATEMENTS MAY DELAY OR STOP COMPENSATION.**

The affidavit below may be sworn to without cost before a deputy in a local customer service office of the Bureau of Workers' Compensation.

52 Weeks PRIOR to the WEEK including WEEK of date of injury.

If you are applying for Wage Loss benefits, please include FROM and TO dates.

<table>
<thead>
<tr>
<th>Date of injury</th>
<th>Claim number</th>
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Injured Worker's name

**Employee's Work History:**

1. Total gross wages for 6 weeks prior to injury, INCLUDE overtime.
2. Total gross wages for first 7 days prior to injury, EXCLUDE overtime.
3. Employee's hourly rate of pay for the week injury occurred.
4. Number of hours employee was scheduled to work, week of injury.

The following worksheet is used to report the employee's WEEKLY WAGE for the year immediately prior to the date of injury. Use total gross earnings. Make no deductions for Social Security, Pensions, Insurance, Unemployment, etc. BWC must have an entire year to compute the rate of compensation.

If the employee did not work during any period, state reason(s) below (Personal, plant shutdown, other injury, illness, etc.):

<table>
<thead>
<tr>
<th>For Week Ending</th>
<th>Amount Earned</th>
<th># of Days Worked</th>
<th>For Week Ending</th>
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</table>

For self-insuring use only

WWW

If employee received meals, lodging, tips, etc. in addition to wages, DESCRIBE AND STATE WEEKLY VALUE.

Will employee receive any wages, meals, lodging, health and accident insurance benefits or any other employee benefits during period of disability which are fully paid for by the employer?  

☐ Yes  ☐ No  If yes, indicate period(s) and amount(s):

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**AFFIDAVIT**

STATE OF OHIO COUNTY OF ________ ss: ____________ being first duly sworn, says that the entire earnings from ________ to ________  19________ as listed above is correct.

If unable to write, mark must be witnessed by two persons.

Sworn to before me, and subscribed in my presence __________ day of ________ 19________.

Signature of Applicant

Employer Signature

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BWC-1217 (Rev. 8/28/95)