Bureau of Workers' Compensation Instructions: The employer should complete and sign this Wage Statement 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

		Га	iaic to the waye s	statements may ue	iay or stop t	compensat				
The affidavit below m in a BWC local custom	Date of injury	Date of injury			Claim number					
certify the above inforr	Injured worke	Injured worker's name								
I am aware that any permisrepresentation, cond	Employer nar	Employer name			Telephone number					
obtain payment as prov payment to which that pe	If you are apply	If you are applying for wage loss benefits, please include from and to dates.								
prosecution and may, und by a fine, imprisonment	From	From			То					
, , ,	ury – answer 1 & 2 If	answer 1 & 2 If employed less than sever			n days prior to date of injury answer 2.8.4					
If employee was employed continuously and/or seven days prior to date of 1. Total gross wages for six weeks prior to injury, include overtime Seven days prior to injury (using period prior to date of injury)				r 3. Employee's ho	3. Employee's hourly rate of pay the week injury occurred			4. Number of hours employee was scheduled to work, week of injury		
Use the worksheet below to Use total gross earnings. M If the employee did not wor	1ake no deductio	ns for Social Se	curity, pensions, insur	ance, unemployment,	etc. BWC mus	t have an ent	ort which conta ire year to com	ains the required npute the rate of c	information. ompensation.	
Pay period ending	Amount earned	# of Days worked	For pay period endi	ing Amount earned	# of days worked	For pay p	eriod ending	Amount earned	# of Days worked	
									+	
									+	
									+	
									+	
						For self-insuring use only				
If employee received r	l neals, lodging,	tips, etc. in a	ddition to wages, d	lescribe and state w	eekly value.	FWW		AWW		
Will employee receive are fully paid for by the				t insurance benefits te period(s) and am		employee b	enefits durin	g period of disa	bility which	
I understand that any pensation as provided criminal prosecution at	by BWC or se	elf-insuring er	nployers, or who k	nowingly accepts c	ompensation	to which the	nat person is			
				X	E	mplover sic	nature and t	itle		
				Affidavit			, 3,14 t	-		
State of Ohio, County of SS: Says that the entire earnings from							b	eing first du	ıly sworn,	
				to	to ; as listed above is correct.					
If unable to write,	mark must be	witnessed by	two persons.			Signature	of applicant			
Sworn to before me, and subscribed in my presence				day of					·	
						Offic	cial title			