



### Wage Statement - Alabama

Claimant: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

The following table shows the wages earned by: «This.Claimant» employed as a:

	Date	# of days Worked	Gross Wages		Date	# of days Worked	Gross Wages
1.				27.			
2.				28.			
3.				29.			
4.				30.			
5.				31.			
6.				32.			
7.				33.			
8.				34.			
9.				35.			
10.				36.			
11.				37.			
12.				38.			
13.				39.			
14.				40.			
15.				41.			
16.				42.			
17.				43.			
18.				44.			
19.				45.			
20.				46.			
21.				47.			
22.				48.			
23.				49.			
24.				50.			
25.				51.			
26.				52.			

**Total (1-26)** \_\_\_\_\_

**Total (27-52)** \_\_\_\_\_

\*\*List the amount of the employer's portion of health, life or disability insurance premiums paid for this employee:

**Grand Total** \_\_\_\_\_

Benefits will be continued:  Yes  No

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_