

GEORGIA STATE BOARD OF WORKERS' COMPENSATION WAGE STATEMENT

A. IDENTIFYING INFORMATION

Employee Name _____ Soc. Security No. _____
 Address _____ Date of Injury _____
 _____ County of Injury _____

Employer Name _____
 Address _____

B. COMPUTATION OF AVERAGE WEEKLY WAGE

If the weekly benefit is less than the maximum, complete the schedule below for thirteen (13) weeks immediately preceding the accident. If the employee has not been in your employ for the thirteen (13) weeks, complete this schedule showing gross weekly earnings of a similar employee in the same employment, and write the name of the similar employee here: _____. Also use to establish wage loss for temporary partial disability payments.

Hours Worked	Number of Days	Wage at Date of Injury	Change in Hourly Rate
<input type="checkbox"/> per day	Worked Per Week	\$ _____ per	On _____ to \$ _____ per _____
<input type="checkbox"/> per week	_____	<input type="checkbox"/> Hour <input type="checkbox"/> Day	On _____ to \$ _____ per _____

SCHEDULE OF WEEKLY EARNINGS

Week No.	_____ (Year)		No. of Days Worked	Gross Amount Paid Including Overtime or Extra Work	Value of Additional Compensation					Total Earnings
	Week				Meals	Lodging	Rent	Tips	All Other	
	From	To								
	Date	Date								
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
Total										
Average Weekly Earnings										

REMARKS:

By: _____ ()
 (Type or Print and Sign) (Date) Phone

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).