



STATE OF VERMONT
 Department of Labor
 Workers' Compensation
 5 Green Mountain Drive, PO Box 488
 Montpelier, VT 05601-0488

DOL FORM 25 (Rev 9/09)

State File No.** _____
 Ins. Co. File No. _____
 Date of Injury _____
 Fed. ID No. _____

WAGE STATEMENT – For Injuries on or after July 1, 2008

Employee: _____

Employer: _____

Wage Rate: \$ _____ per _____ Number of Days _____ Number of Hours Hired to Work: _____
 Hired to Work: _____

	Week Ending			Number of Hours or Days Worked	Gross Wages	Extras (as in 6 or 7) Please indicate what the extra is, for example, \$1000.00 bonus
	Month	Day	Year			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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23						
24						
25						
26						

**INSTRUCTIONS:
 Read Carefully**

1. Enter **GROSS** wages of employee for 26 weeks before date of accident (**NOT take home pay**).
2. Do not include the week of the accident.
3. Leave blank those weeks where the employee had excused absences for which he/she was not paid for more than 1/2 of a work week.
4. Leave blank those weeks where you had reduced operations or a shutdown of the plant for which he/she was not paid for more than 1/2 of a work week.
5. Do not enter those weeks where an employee was on vacation for more than 1/2 of a work week.
6. If room, board, lodging or other "extras" (electricity, fuel, etc.) are provided in addition to monetary wages, break it down into a weekly value, include and describe this income in column marked "EXTRAS." This includes tips if not included in gross wages.
7. Include any bonuses and commissions paid to the employee in addition to wages in the column marked "EXTRAS."
8. Enter the dates when your normal work week ends (not the date a check is given to the employee) and the number of hours or days worked.

When did the employee begin losing time? _____ Was the employee paid in full for the day of the accident? _____

Are employee's wages subject to any child support withholding order? Yes No
 If yes, in what amount? \$ _____ per _____

This is a correct statement of the employee's earnings as taken from the employer's payroll records.

By: _____ Position Title: _____
 Signature of Preparer

Print Name: _____ Date: _____

**If you do not have the state file number please contact the Department of Labor at (802) 828-2286.