



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

DOL FORM 25 (Rev. 6/10)

State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 8/26/2010
 Fed. ID No. _____

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

Employee: Sample #1

Employer: _____

Wage Rate: \$ 15.75 per Hour Number of Days Hired 5 Number of Hours Hired to Work: 40

	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	8	17	2010	55	984.40		
2	8	10	2010	58	1043.44		
3	8	3	2010	25	401.63		
4	7	27	2010	47	858.39		
5	7	20	2010	58	1156.46		
6	7	13	2010	55	1135.57		
7	7	6	2010	46	759.94		
8	6	29	2010	38	612.13		
9	6	22	2010	69	1220.56	2360.00 yr bonus	
10	6	15	2010	59	999.33		
11	6	8	2010	58	977.21		
12	6	1	2010	42	693.26		
13	5	18	2010	45	708.01		
14							
15							
16							
17							
18							
19							
20	Note: Per claimant she collected unemployment for the time period she was laid off. Lay off started 11/18/10 and ended 05/12/10.						
21							
22							
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? 8/28/2010 Was the employee paid in full for the day of the accident? Yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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

By: _____ Signature of Preparer Position Title: _____

Print Name: _____ Date: _____

Wage Statement Sample # 1

Date of injury – 8/26/10

Days/Hours hired to work – 40

Minimum Rate in effect - \$373.00

Maximum rate in effect - \$1119.00

Total Wages - \$14,677.94

Number of weeks used – 14

Average Weekly Wage - \$1048.42

Compensation Rate using 66 2/3 - \$698.95

Final Compensation rate is \$698.96

- All wages are prior to the Date of Injury
- “Extra” is explained – Bonus
- Clear explanation for missing wages



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State File No. ** _____
 Ins. Co. File No. _____
 Date of Injury 8/14/2010
 Fed. ID No. _____

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

Employee: Sample # 2

Employer: _____

Wage Rate: \$ 10.00 per hour Number of Days 5 Number of Hours Hired to Work: 80 every 2 weeks

	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	8	5	10	17.60	176.00	
2	8	19	10	80.50	807.50	
3					Date of Hire	8/4/2010
4						
5						
6						
7						
8						
9						
10						
11						
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13						
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17						
18						
19						
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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 _____

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Sample Wage Statement # 2

Date of Injury – 8/14/10

Days/Hours hired to work – 80 – Every two weeks

Date of hire – 8/4/10

Problems

- Line # 2 are wages after the date of injury – Can't be used
- Less than 4 weeks of actual wages for the Claimant

Form 25 REJECTED – Should have obtained 26 weeks of comparable wages or if no comparable wages then use the claimants rate of hire



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State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 8/3/2010
 Fed. ID No. _____

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

Employee: Sample # 3

Employer: _____

Wage Rate: \$ 13.00 per hour Number of Days Hired to Work: 5 Number of Hours Hired to Work: 40

	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	8	2	10	33.25	432.25	
2	7	26	10	28	364.00	
3	7	19	10	28.5	370.50	
4	7	12	10	38.5	500.50	
5	7	5	10	40.5	529.75	
6	6	28	10	31.75	412.75	
7	6	21	10	34.75	451.75	
8	6	14	10	36.25	471.25	
9	6	7	10	32.25	419.25	
10	5	31	10	38.5	500.50	
11	5	24	10	36	468.00	
12	5	17	10	39.5	513.50	
13	5	10	10	36.25	471.25	
14	5	3	10	38.25	497.25	
15	4	26	10	38.25	497.25	
16	4	19	10	34	442.00	
17	4	12	10	24.5	318.50	
18	4	5	10	21.25	276.25	
19	3	29	10	34	442.00	
20	3	22	10	32.25	419.25	
21	3	15	10	28.25	367.25	
22	3	8	10	38.25	497.25	
23	3	1	10	30.25	393.25	
24	2	23	10	45	617.50	
25	2	16	10	42.5	568.75	
26	2	9	10	35.5	461.5	

**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? 8/4/10 Was the employee paid in full for the day of the accident? yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Sample Wage Statement # 3

Date of Injury – 8/3/10

Days/Hours hired to work – 40

Minimum rate in effect - \$373.00

Maximum rate in effect - \$1119.00

Total wages - \$11,703.25

Number of weeks used – 26

Average Weekly Wage - \$450.13

Compensation rate using 66 2/3 – \$300.09

Compensation rate using 90% - 405.12

Compensation rate using Minimum - \$373.00

- Final Compensation rate would be the minimum rate of \$373.00
- AWW higher than the minimum rate
- 66 2/3 rate is lower than the minimum rate
- 90% rate is higher than the minimum rate

- Claimant has 3 dependents – so add on the \$30.00
(Do not exceed the 90% rate)



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State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 7/8/2010
 Fed. ID No. _____

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

Employee: Sample # 4

Employer: _____

Wage Rate: \$ 24.08 per hour Number of Days
 Number of Hours Hired to Work: 4

32

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	6	28	10	69.38	1932.32	
2						
3	6	14	10	67.72	1969.03	
4						
5	5	31	10	66.00	1920.40	
6						
7	5	17	10	64.85	1791.72	
8						
9	5	3	10	83.18	2855.45	
10						
11	4	19	10	72.37	2196.72	
12						
13	4	5	10	66.65	1821.34	
14						
15	3	22	10	76.35	2572.33	
16						
17	3	8	10	68.98	1969.43	
18						
19	4	23	10	42.12	1425.96	
20						
21	2	9	10	56.68	1974.46	54.14 service award
22						
23	1	26	10	59.42	2181.91	
24						
25	1	12	10	60.17	2094.15	
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? 7/8/10 Was the employee paid in full for the day of the accident? yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Wage Statement Sample # 4

Date of Injury – 7/8/10

Days/Hours hired to work – 32

Minimum rate in effect - \$373.00

Maximum rate in effect - \$1119.00

Total wages - \$26,759.36

Number of weeks used 26 (13 bi-weekly wages)

Average Weekly Wage - \$1029.21

Compensation rate using 66 2/3 - \$686.14

Final compensation rate is \$686.14

- Extra clearly explained
- Bi-weekly wages – correct number of entries



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 Date of Injury 7/3/10
 Fed. ID No. _____

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

Employee: Sample # 5

Employer: _____

Wage Rate: \$ 14.43 per hour Number of Days Hired to Work: 5 Number of Hours Hired to Work: 40

	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	1	12	10	40	564.40	
2	1	19	10	40	564.40	
3	1	26	10	42	592.62	
4	2	2	10	40	564.40	
5	2	9	10	40	564.40	
6	2	16	10	40	564.40	
7	2	23	10	40	564.40	
8	3	1	10	42	592.62	
9	3	8	10	59.25	858.96	
10	3	15	10	40	564.40	
11	3	22	10	46	579.99	
12	3	29	10	42	592.62	
13	4	5	10	40	564.40	
14	4	12	10	39	550.29	
15	4	19	10	48.50	728.16	
16	4	26	10	40	564.40	
17	5	3	10	40	564.40	
18	5	10	10	54.75	852.36	
19	5	17	10	40	564.40	
20	5	24	10	46.25	684.80	
21	5	31	10	40	564.40	
22	6	7	10	36	507.96	
23	6	14	10	40	564.40	
24	6	21	10	49.50	714.29	
25	6	28	10	40	564.40	
26	7	5	10	40	564.40	

**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? 7/23/10 Was the employee paid in full for the day of the accident? yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Wage Statement Sample # 5

Date of Injury – 7/3/10

Days/Hours hired to work – 40

Problem:

- Line #26 on the wage statement is for wages after the date of injury of 7/3/10, which can not be used

FORM 25 REJECTED – Should have obtained one additional week of wages for week ending 1/5/10 to make a total of 26 weeks of wages prior to the date of injury



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DOL FORM 25 (Rev. 6/10)

State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 7/22/10
 Fed. ID No. _____

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

Employee: Sample # 6

Employer: _____

Wage Rate: \$ 21.00 per hour Number of Days 5 Number of Hours Hired to Work: 40

**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.

	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	7	17	10	56.82	1054.83	employee wages
2	7	10	10	43.58	915.18	employee wages
3	7	3	10	39.65	832.65	employee wages
4	6	26	10	32.33	678.93	comparable wages
5	6	19	10	35.92	754.32	comparable wages
6	6	12	10	35.77	751.17	comparable wages
7	6	5	10	50.05	1156.58	comparable wages
8	5	29	10	34.48	629.60	comparable wages
9	5	22	10	40.65	819.50	comparable wages
10	5	15	10	53.67	1210.10	comparable wages
11	5	8	10	47.85	1035.50	comparable wages
12	5	1	10	7.43	148.60	comparable wages
13	4	24	10	27	485.60	comparable wages
14	4	17	10	49.50	1085.00	comparable wages
15	4	10	10	52.25	1167.50	comparable wages
16	4	3	10	39.75	795.00	comparable wages
17	3	27	10	43	890.00	comparable wages
18	3	20	10	25.50	510.00	comparable wages
19	3	14	10	25	500.00	comparable wages
20	3	6	10	34	680.00	comparable wages
21	2	28	10	24	480.00	comparable wages
22	2	21	10	35.25	705.00	comparable wages
23	2	14	10	34.75	695.00	comparable wages
24	2	7	10	32.50	650.00	comparable wages
25	1	31	10	33.50	670.00	comparable wages
26	1//	24	10	26.75	535.00	comparable wages

When did the employee begin losing time? 7/23/10 Was the employee paid in full for the day of the accident? yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Wage Statement Sample # 6

Date of Injury – 7/22/10

Days/Hours hired to work – 40

Date of hire – 6/27/08

Problems:

- There are only 3 weeks of actual wages for the claimant
- The remaining 23 weeks are from a comparable employee
- Actual and comparable wages were combined (**this should not be done**)
- Should have obtained 26 full weeks of wages from a comparable employee

FORM 25 IS REJECTED



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DOL FORM 25 (Rev. 6/10)

State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 9/15/2010
 Fed. ID No. _____

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

Employee: Sample # 7
 Employer: Insured Employer # 2 Concurrent Wages
 Wage Rate: \$ 7.50 per hour
 Number of Days Hired to Work: 2
 Number of Hours Hired to Work: 15

	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	3	21	10	15	112.50	
2	3	28	10	15	112.50	
3	4	4	10	15	112.50	
4	4	11	10	15	112.50	
5	4	18	10	15	112.50	
6	4	25	10	15	112.50	
7	5	2	10	15	112.50	
8	5	9	10	15	112.50	
9	5	16	10	15	112.50	
10	5	23	10	15	112.50	
11	5	30	10	15	112.50	
12	6	6	10	15	112.50	
13	6	13	10	15	112.50	
14	6	20	10	15	112.50	
15	6	27	10	15	112.50	
16	7	3	10	15	112.50	
17	7	11	10	15	112.50	
18	7	18	10	15	112.50	
19	7	25	10	15	112.50	
20	8	1	10	15	112.50	
21	8	8	10	15	112.50	
22	8	15	10	15	112.50	
23	8	22	10	15	112.50	
24	8	29	10	15	112.50	
25	8	5	10	15	112.50	
26	9	12	10	15	112.50	

**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.
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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? 9/15/10 Was the employee paid in full for the day of the accident? yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.



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State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 9/15/2010
 Fed. ID No. _____

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

Employee: Sample # 7

Employer: Insured Employer

Wage Rate: \$ 18.00 per hour Number of Days Hired to Work: 5 Number of Hours Hired to Work: 40

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	3	21	10	40	720.00	
2	3	28	10	28.5	513.00	
3	4	4	10	24	432.00	
4	4	11	10	40	720.00	
5	4	18	10	40.5	733.50	
6	4	25	10	26	468.00	
7	5	2	10	36.5	657.00	
8	5	9	10	42	774.00	
9	5	16	10	40.5	733.50	
10	5	23	10	54	1098.00	
11	5	30	10	49.5	972.00	
12	6	6	10	49	891.00	
13	6	13	10	51.5	1030.50	
14	6	20	10	52	1044.00	
15	3	27	10	43	801.00	
16	7	3	10	40.5	733.50	
17	7	11	10	50	990.00	
18	7	18	10	49.5	904.50	
19	7	25	10	42	774.00	
20	8	1	10	51.5	1026.00	
21	8	8	10	52	1017.00	
22	8	15	10	42	756.00	
23	8	22	10	56.5	1165.50	
24	8	29	10	52.5	1057.50	
25	9	5	10	39	702.00	
26	9	12	10	49	891.00	

**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? 9/15/10 Was the employee paid in full for the day of the accident? yes

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

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Wage Statement Sample # 7

Date of Injury – 9/15/10

Days/Hours hired to work – 40

Minimum rate in effect - \$373.00

Maximum rate in effect - \$1119.00

Total wages from insured employer - \$21,604.50

Number of weeks used – 26

Average Weekly Wage - \$830.94

Total wages from concurrent employer - \$2925.00

Number of weeks used – 26

Average Weekly Wage - \$112.50

Total Average Weekly Wage from both employers - \$943.44
($\$830.95 + \$112.50 = \$943.45$)

Compensation rate using the 66 2/3 rate - \$628.96

Final compensation rate is \$628.97



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

DOL FORM 25 (Rev. 6/10)

State File No.** _____
 Ins. Co. File No. _____
 Date of Injury 8/26/2010
 Fed. ID No. _____

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

Employee: SAMPLE # 8

Employer: _____

Wage Rate: \$ 15.75 to 16.50 per _____ Number of Days
 Hired to Work: 5 Number of Hours Hired to Work: 40

	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	8	17	2010	40	660.00	
2	8	10	2010	40	660.00	
3	8	3	2010	40	660.00	
4	7	27	2010	40	660.00	
5	7	20	2010	40	660.00	
6	7	13	2010	40	660.00	
7	7	6	2010	40	660.00	PAY INCREASE
8	6	29	2010	40	630.00	
9	6	22	2010	40	630.00	
10	6	15	2010	40	630.00	
11	6	8	2010	40	630.00	
12	6	1	2010	40	630.00	
13	5	25	2010	40	630.00	
14	5	18	2010	40	630.00	
15	5	11	2010	40	630.00	
16	5	4	2010	40	630.00	
17	4	27	2010	40	630.00	
18	4	20	2010	40	630.00	
19	4	13	2010	40	630.00	
20	4	6	2010	40	630.00	
21	3	30	2010	40	630.00	
22	3	23	2010	40	630.00	
23	3	16	2010	40	630.00	
24	3	9	2010	40	630.00	
25	3	2	2010	40	630.00	
26	2	22	2010	40	630.00	

**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 _____

Day of the week the check will be mailed to the claimant or deposited in the claimant's account _____

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.

Wage Statement Sample # 8

Date of Injury – 8/26/10

Days/Hours hired to work – 40

Minimum rate in effect - \$373.00

Maximum rate in effect - \$1119.00

Total wages - \$4620.00

Number of weeks used – 7

Average weekly wage - \$660.00

Compensation rate using 66 2/3 - \$440.00

Final compensation rate is - \$440.00

- All wages are prior to the Date of Injury
- Increase in hourly rate of pay clearly indicated on line 7
- Only the higher wages used for calculations