

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

•	loyee: loyer:	_Sa	mple #1	-			os on or arter Jul	y 1, 2006.	
_	e Rate:	\$	15.75	per	Hour	Number of Days to Work:	Hired 5	Number of Work:	Hours Hired to 40
	Mont		k Ending Day	Year	Number of Hours or Days Worked	Gross Wages	Extras (as in Please indic extra is, for \$1000.00 bo	n 6 or 7) eate what the example,	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	8		17	2010	55	984.40			for 26 weeks before date of accident (NOT take home pay).
2	8		10	2010	58	1043.44			2. Do not include the week of the
3	8		3	2010	25	401.63			accident. 3. Leave blank those weeks where
4	7		27	2010	47	858.39			the employee had excused absences
5 .	7		20	2010	58	1156.46			for which he/she was not paid for
6	7		13	2010	55	1135.57			more than ½ of a work week. 4. Leave blank those weeks where
7	7		6	2010	46	759.94			you had reduced operations or a
8	6		29	2010	38	612.13			shutdown of the plant for which
9	6		22	2010	69	1220.56	2360.00 y	r bonus	he/she was not paid for more than ½ of a work week.
10	6		15	2010	59	999.33		T COILUS	5. Do not enter those weeks where an
11	6		8	2010	58	977.21			employee was on vacation for more than ½ of a work week.
12	6		1	2010	42	693.26			6. If room, board, lodging or other
13	5		18	2010	45	708.01			"extras" (electricity, fuel, etc.) are
14									provided in addition to monetary wages, break it down into a weekly
15									value, include and describe this
16									income in column marked
17									"EXTRAS." This includes tips if not included in gross wages.
18									7. Include any bonuses and
19									commissions paid to the employee in addition to wages in the column
20 21 22	No wa	ite: Is la	Per clain id off. L	nant she o ay off star	collected ur ted 11/18/	nemployment for the 10 and ended 05/12	time period s 2/10.	she	marked "EXTRAS." 8. Enter the dates when your normal
22							1		work week ends (not the date a check is given to the employee) and the
23 24									number of hours or days worked.
		·							
25									
26									•
				losing time?	·	accident?	ployee paid in fi	ull for the day	of the Yes
II yes	, in what	amo	ount?	\$_		holding order? Yes per			
Day of	the weel	k the	check wi	ll be mailed	l to the claim	ant or deposited in the	claimant's acco	unt	
						s taken from the employe			
By:									
· .	-	Sig	nature of l	Preparer		Po	sition Title:		
rint Na	ame:					<u>.</u>			
. 1116 146	MIIC					Da	nte:		
						•			

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



DOL FORM 25	(Rev. 6/10)	
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, 2009

Wage	Rate: \$	40.05	per		Number of	Days Number of	Hours Hired to Work:
	Was	10.00	<u> </u>	iour	Hired to Work:		80 every 2 weeks
	Month	k Ending Day	Year	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	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	8	5	10	17.60	176.00		for 26 weeks before date of accident (NOT take home pay).
2	8	19	10	80.50	807.50		2. Do not include the week of the
3					Date of Hire	8/4/2010	accident. 3. Leave blank those weeks where the
4						01472010	employee had excused absences for
5							which he/she was not paid for more
6							than ½ of a work week. 4. Leave blank those weeks where yo
7							had reduced operations or a shutdown
8							of the plant for which he/she was not
9							paid for more than ½ of a work week. 5. Do not enter those weeks where an
10							employee was on vacation for more
11							than ½ of a work week. 6. If room, board, lodging or other
12							"extras" (electricity, fuel, etc.) are
13							provided in addition to monetary
14							wages, break it down into a weekly value, include and describe this
15							income in column marked "EXTRAS"
16							This includes tips if not included in gross wages.
17							7. Include any bonuses and
18							commissions paid to the employee in
19							addition to wages in the column marked "EXTRAS."
20							8. Enter the dates when your normal
21							work week ends (not the date a check is given to the employee) and the number
22						·	of hours or days worked.
23							
22 23 24 25							
26							
re emp	d the employ loyee's wage in what amo	es subject t	_	support with	Was the emploiding order?	loyee paid in full for the day o	of the accident?
ay of t	he week the	check will	be mailed	to the claims	ant or deposited in th	e claimant's account	
his is a	correct state	ment of the	emplovee's	earnings as	taken from the employ	ver's navroll as!	
					nom are emplo	you s payrou records.	
y:	Sign	nature of P	renarer		Posi	tion Title:	·
	~		- hour or				

Sample Wage Statement # 2

Date of Injury -8/14/10Days/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 then 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



DOL FORM 25	(Rev. 6/10)
State File No.** Ins. Co. File No.	
Date of Injury	8/3/2010
Fed. ID No.	

Emp	loyee: Sa	mple # 3		WAGE STA	ATEMENT – For Injur	ries on or after Ju	lly 1, 2008	
Emp	loyer:							
Wag	e Rate: \$	13.00	per <u>l</u>	10ur	Number of Hired to Work:	Days 5	Number of	Hours Hired to Work:
	Month	ek Ending Day	Year	Number of Hours or Days Worked	Gross Wages	Extras (as in Please indica extra is, for e \$1000.00 bor	te what the xample,	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	8	2	10	33.25	432.25			for 26 weeks before date of accident
2	7	26	10	28	364.00			(NOT take home pay). 2. Do not include the week of the
3	7	19	10	28.5	370.50			accident.
4	7	12	10	38.5	500.50			Leave blank those weeks where the employee had excused absences for
5	7	5	10	40.5	529.75	+	· · · · · · · · · · · · · · · · · · ·	which he/she was not paid for more
6	6	28	10	31.75	412.75	 -		than ½ of a work week.
7	6	21	10	34.75				4. Leave blank those weeks where you had reduced operations or a shutdown
8	6	14	10	36.25	451.75			of the plant for which he/she was not
9	6	7	10	32.25	471.25		<u> </u>	paid for more than ½ of a work week.
10	5	31	10	38.5	419.25			5. Do not enter those weeks where an employee was on vacation for more
11	. 5	24	10	36.5	500.50			than ½ of a work week.
12	5	17	10	39.5	468.00			6. If room, board, lodging or other
13	5	10	10		513.50			"extras" (electricity, fuel, etc.) are provided in addition to monetary
14	5	3	10	36.25	471.25	<u> </u>		wages, break it down into a weekly
15	4	26	10	38.25	497.25	ļ		value, include and describe this
16	4	19	10	38.25	497.25			income in column marked "EXTRAS." This includes tips if not included in
17	4	12		34	442.00			gross wages.
18	4	5	10	24.5	318.50		i .	7. Include any bonuses and
19	3	29	10	21.25	276.25			commissions paid to the employee in addition to wages in the column
20	3	29	10	34	442.00			marked "EXTRAS."
21	3	15	10	32.25	419.25			8. Enter the dates when your normal work week ends (not the date a check is
22	3		10	28.25	367.25			given to the employee) and the number
23	3	8	10	38.25	497.25			of hours or days worked.
23 24 25	2	23	10	30.25	393.25			
25	2		10	45	617.50			
26	2	16	10	42.5	568.75			
		9	10	35.5	461.5			
Are em	id the emplo ployee's wag in what am	ges subject t	-		Was the emploiding order? Yes	loyee paid in full s □No	for the day o	f the accident? yes
Day of	the week the	e check will	be mailed	to the claim	ant or deposited in th	a alaimenti		
Γhis is a	correct state	ement of the	employee's	s earnings as	taken from the employ	yer's payroll reco	count ords.	
Ву:	· 	gnature of Pr				ition Title:		
		pratute 01 P	charer					
rint Na					Date	e:		
TII yo	u do not ha	ve the state	file numb	er please co	ntact the Departmen	at of Labor ot (S	202\ 020 22	06

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)



DOL FORM 25	(Rev. 6/10)
State File No.** Ins. Co. File No.	
Date of Injury	7/8/2010
Fed. ID No.	

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 of the plant for which he/she was not paid for more than ½ 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	Empl	oyee: Sa	mple # 4		WAGE STA	ATEMENT – For Inju	iries on or after.	July 1, 2008	
Number of Hours Hired to Work: Section Number of Hours Section Number of Hours Section Number of Hours Section	Empl	oyer:							
Nonth	Wage	Rate: \$		-	hour			- Number of	
1				Year	of Hours or Days	Gross Wages	Please indice extra is, for	cate what the example,	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
2 0 14 10 67.72 1969.03 3. 2. 2. Do not include the week of the accident. 3 6 14 10 67.72 1969.03 3. 2. 2. 2. 2. Do not include the week of the accident. 5 5 31 10 66.00 1920.40 which he/she was not paid for more than ½ of a work week. 6 7 5 17 10 64.85 1791.72 4. 4. 2. 2. 2. 2. 2. 2	1	6	28	10		1932 32			for 26 weeks before date of accident
3					-	1002.02			2. Do not include the week of the
4	3	6	14	- 10	67.72	1969.03			accident.
S								· · · · · · · · · · · · · · · · · · ·	employee had excused absences for
1		5	31	10	66.00	1920.40			which he/she was not paid for more
17							-		than ½ of a work week. 4. Leave blank those weeks where you
9 5 3 10 83.18 2855.45 250.00 21		5	17	10	64.85	1791.72			had reduced operations or a shutdown
3 3 10 83.18 2855.45		<u> </u>							of the plant for which he/she was not
10		5	3	10	83.18	2855.45			5. Do not enter those weeks where an
12 10 72.37 2196.72 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, includes and describe this income in column marked "EXTRAS." 16 3 22 10 76.35 2572.33 10 2572.33 2572.									employee was on vacation for more
12 4 5 10 66.65 1821.34 The strains of the second of the sec		4	19	10	72.37	2196.72		· · · · · · · · · · · · · · · · · · ·	6. If room, board, lodging or other
13									"extras" (electricity, fuel, etc.) are
value, include and describe this income in column marked "EXTRAS." 16		4	5	10	66.65	1821.34			provided in addition to monetary
15 3 22 10 76.35 2572.33 Income in column marked "EXTRAS. This includes tips if not included in gross wages. 17 3 8 10 68.98 1969.43 This includes tips if not included in gross wages. 18 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 given to the employee) and the number of hours or days worked. 22 Income in column marked "EXTRAS." 8. Enter the dates when your normal work week ends (not the date a check given to the employee) and the number of hours or days worked. 23 1 26 10 59.42 2181.91 2181.91 2181.91 228 238									value, include and describe this
17 3 8 10 68.98 1969.43 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 given to the employee) and the number of hours or days worked.		3	22	10	76.35	2572.33			income in column marked "EXTRAS"
17 3 8 10 68.98 1969.43 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 given to the employee) and the number of hours or days worked. 18							<u> </u>		This includes tips if not included in
18		3	8	10	68.98	1969.43			7. Include any bonuses and
Marked "EXTRAS." Senter the dates when your normal work week ends (not the date a check in given to the employee) and the number of hours or days worked.									commissions paid to the employee in
20 9 10 56.68 1974.46 54.14 service award 21 2 9 10 59.42 2181.91 23 1 26 10 59.42 2181.91 24		4	23	10	42.12	1425.96			marked "EXTRAS."
22 St. 14 Selvice award Given to the employee) and the number of hours or days worked. 23									8. Enter the dates when your normal
23 1 26 10 59.42 2181.91 25 1 12 10 60.17 2094.15 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 per Poay 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:	21	2	9	10	56.68	1974.46	54.14 serv	ice award	work week ends (not the date a check is
When did the employee begin losing time? Are employee's wages subject to any child support withholding order? If yes, in what amount? S	22								of hours or days worked.
When did the employee begin losing time? Are employee's wages subject to any child support withholding order? If yes, in what amount? S	23	1	26	10	59.42	2181.91			
When did the employee begin losing time? Are employee's wages subject to any child support withholding order? If yes, in what amount? S	24								•
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			12	10	60.17	2094.15			
Are employee's wages subject to any child support withholding order? Yes No 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 Trint Name: Date:	26				LL				
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:	Are emp	oloyee's wa	ges subject t	o any child		holding order?	ployee paid in fi es □No	ıll for the day	of the accident? yes
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:	Day of t	the week th	e check will	- be mailed	to the claim		the claimant'		
Position Title: Signature of Preparer Print Name: Date:	This is a	correct stat	ement of the	employee	e garnings so	takan from the	me ciamnant's a	ccount	· · · · · · · · · · · · · · · · · · ·
Signature of Preparer Print Name: Date:	_		· ·	cinployee	s carnings as			cords.	
——————————————————————————————————————		Sig	gnature of P	reparer		Po	sition little:		
						Da	te:		

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



DOL FORM 25	(Rev. 6/10)	
State File No.**	•	
Ins. Co. File No.		-
Date of Injury	7/3/10	-
Fed. ID No.		-

Emple Emple		mple # 5						
Wage		14.43	per <u>r</u>	nour	Number of Hired to Work:	Days 5	Number of	Hours Hired to Work:
	We	ek Ending		Number of	Gross Wages	Extras (as in Please indica	6 or 7)	INSTRUCTIONS:
	Month	Day	Year	Hours or Days Worked		extra is, for e	example,	Read Carefully 1. Enter GROSS wages of employee for 26 weeks before 16.
1	1	12	10	40	564.40			for 26 weeks before date of accident (NOT take home pay).
2	1	19	10	40	564.40		· · · · · ·	2. Do not include the week of the
3	1	26	10	42	592.62			accident. 3. Leave blank those weeks where the
4	2	2	10	40	564.40			employee had excused absences for
5	2	9	10	40	564.40			which he/she was not paid for more
6	2	16	10	40	564.40			than ½ of a work week. 4. Leave blank those weeks where you
7	2	23	10	40	564.40			had reduced operations or a shutdown
8	3	1	10	42	592.62			of the plant for which he/she was not
9	3	8	10	59.25	858.96			paid for more than ½ of a work week. 5. Do not enter those weeks where an
10	3	15	10	40	564.40	 		employee was on vacation for more
11	3	22	10	46	.579.99			than ½ of a work week.
12	3	29	10	42	592.62	 		6. If room, board, lodging or other "extras" (electricity, fuel, etc.) are
13	4	5	10	40	564.40			provided in addition to monetary
14	4	12	10	39	550.29	 		wages, break it down into a weekly
15	4	19	10	48.50	728,16	<u> - </u>		value, include and describe this income in column marked "EXTRAS."
16	4	26	10	40	564.40		···	This includes tips if not included in
17	5	3	10	40	564.40			gross wages. 7. Include any bonuses and
18	5	10	10	54.75	852.36	<u> </u>		commissions paid to the employee in
19	5	17	10	40	564.40		·	addition to wages in the column
20	5	24	10	46.25	684.80			marked "EXTRAS." 8. Enter the dates when your normal
21	5	31	10	40	564.40		<u>-</u> -	work week ends (not the date a check is
22	6	7	10	36	507.96			given to the employee) and the number of hours or days worked.
23	6	14	10	40	564.40			of hours of days worked.
24	6	21	10	49.50	714.29			
25	6	28	10	40	564.40			
26	7	5	10	40	564.40			
When di	d the emplo	yee begin lo	osing time?	7/.		oloyee paid in ful	I for the day o	of the accident? yes
If yes,	in what amo	ount?	\$	ոսիիու այլու	lolding order? [_]Ye per	s LINo		
Day of t	he week the	check will	be mailed	to the claims	nnt or deposited in th			
This is a	correct state	ement of the	employee's	s earnings as	taken from the emplo	ne claimant's ac yer's payroll rec	ords.	
Зу:								
	Sig	nature of Pr	reparer		Pos	ition Title:		
rint Nar	ne							
		ve the state	file numb	er nlease co	Dat ntact the Department	e:	(202)	

Date of Injury – 7/3/10
Days/Hours hired to work – 40

Problem:

• Line #26 on the wage statement is for wages <u>after</u> 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



DOL FORM 25	(Rev. 6/10)
State File No.**	
Ins. Co. File No.	
Date of Injury	7/22/10
Fed ID No	

Empl	oyee: Sar	mple # 6		WAGE STA	ATEMENT – For Inju	ries on or after July 1, 2008	
Empl			-				
Wage		21.00	per h	our	Number of Hired to Work:	Days Number of	f Hours Hired to Work:
	Month	Day	Year	Number of Hours or Days	Gross Wages	Extras (as in 6 or 7) Please indicate what the extra is, for example, \$1000.00 bonus	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	7	17	10	Worked 56.82	1054.83		for 26 weeks before date of accident (NOT take home pay).
2	7	10	10	43.58	915.18	employee wages	2. Do not include the week of the
3	7	3	10	39.65	832.65	employee wages	accident.
4	6	26	10	32.33	678.93	employee wages	3. Leave blank those weeks where the employee had excused absences for
5	6	19	10	35.92	754.32	comparable wages	which he/she was not paid for more
6	6	12	10	35.77		comparable wages	than ½ of a work week.
7	6	5	10	50.05	751.17	comparable wages	4. Leave blank those weeks where you had reduced operations or a shutdown
8	5	29	10	34.48	1156.58	comparable wages	of the plant for which he/she was not
9	5	22	10		629.60	comparable wages	paid for more than ½ of a work week.
10	5	15		40.65	819.50	comparable wages	5. Do not enter those weeks where an employee was on vacation for more
11	5		10	53.67	1210.10	comparable wages	than ½ of a work week.
12		8	10	47.85	1035.50	comparable wages	6. If room, board, lodging or other
	5	1	10	7.43	148.60	comparable wages	"extras" (electricity, fuel, etc.) are provided in addition to monetary
13	4	24	10	27	485.60	comparable wages	wages, break it down into a weekly value, include and describe this
14	4	17	10	49.50	1085.00	comparable wages	
15	4	10	10	52.25	1167.50	comparable wages	income in column marked "EXTRAS."
16	4	3	10	39.75	795.00	comparable wages	This includes tips if not included in gross wages.
17	.3	27	10	43	890.00	comparable wages	7. Include any bonuses and
18	3	20	10	25.50	510.00	comparable wages	commissions paid to the employee in addition to wages in the column
19	3	14	10	25	500.00	comparable wages	marked "EXTRAS."
20	3	6	10	34	680.00	comparable wages	8. Enter the dates when your normal
21	2	28	10	24	480.00	comparable wages	work week ends (not the date a check is given to the employee) and the number
22	2	21	10	35.25	705.00	comparable wages	of hours or days worked.
23 24	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 d	id the emplo	yee begin lo	osing time?	7	/23/10 Was the emr	ployee paid in full for the day	
Are emp		ges subject t		_	holding order? Ye	es No	of the accident? yes
Day of t	he week the	e check will	— ا be mailed	to the claim		he claimant's account	
						ne claimant's account yer's payroll records.	
Ву:		gnature of P		-		sition Title:	
		5maiure 01 P	герагег				
Print Na					Dat	te:	
**If yo	u do not ha	ve the state	file numb	er please co	ontact the Departme	nt of I show at (802) 828 2	206

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



DOL FORM 25	(Rev. 6/10)
State File No.** Ins. Co. File No.	
Date of Injury	9/15/2010
Fed. ID No.	

Empl Empl		nple # 7 ured Employer	# 2 Concurrent	t Wages			
	Rate: \$	7.50	per	our	Number of Hired to Work:	Days Number of	f Hours Hired to Work:
	Month	Day	Year	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	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	3	21	10	15	112.50		for 26 weeks before date of accident (NOT take home pay).
2	3	28	10	15	112.50		2. Do not include the week of the
3	4	4	10	15	112.50		accident.
4	4	11	10	15	112.50		3. Leave blank those weeks where the employee had excused absences for
5	4	18	10	15	112.50		which he/she was not paid for more
6	4	25	10	15	112.50		than ½ of a work week. 4. Leave blank those weeks where you
7	5	2	10	15	112.50		had reduced operations or a shutdown
8	5	. 9	10	15	112.50		of the plant for which he/she was not
9	5	16	10	15	112.50		paid for more than ½ of a work week. 5. Do not enter those weeks where an
10	5	23	10	15	112.50		employee was on vacation for more
11	5	30	10	15	112.50		than ½ of a work week. 6. If room, board, lodging or other
12	6	6	10	15	112.50		"extras" (electricity, fuel, etc.) are
13	6	13	10	15	112.50		provided in addition to monetary
14	6	20	10	15	112.50		wages, break it down into a weekly value, include and describe this
15	6	27	10	15	112.50		income in column marked "EXTRAS."
16	7	3	10	15	112.50		This includes tips if not included in gross wages.
17	7	11	10	15	112.50		7. Include any bonuses and
18	7	18	10	15	112.50		commissions paid to the employee in
19	7	25	10	15	112.50		addition to wages in the column marked "EXTRAS."
20	8	1	10	15	112.50		8. Enter the dates when your normal
20 21 22	8	8	10	15	112.50		work week ends (not the date a check is
22	8	15	10	15	112.50		given to the employee) and the number of hours or days worked.
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		
Are emp If yes, Day of t	the week the	ges subject to ount? e check will	o any child s	support withl	nolding order? Ye per ant or deposited in the	loyee paid in full for the day s No e claimant's account yer's payroll records.	of the accident? yes
Ву:					Pos	ition Title:	
	Sig	gnature of Pr	reparer		103	THU.	
rint Na					Dat	a.	•
*If yo	u do not ha	ve the state	file numb	er please co	ontact the Departmen	nt of Labor at (802) 828-2	286.



DOL FORM 25	(Rev. 6/10)
State File No.** Ins. Co. File No.	-
Date of Injury	9/15/2010
Fed ID No	

Emp	loyee:	Sample # 7		WAGE STA	ATEMENT – For Inj	uries on or after J	July 1, 2008	
	loyer:	Insured Emp	lover					
_	e Rate:	\$ 18.00	per	hour	Number of Hired to Work	Days	- Number of	Hours Hired to Work:
	,	Week Endi	ng	Number	Gross Wages	Extras (as i	n 6 or 7)	40 INSTRUCTIONS
	Month	Day	Year	of Hours or Days Worked		Please indice extra is, for \$1000.00 be	cate what the example,	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	3	21	10	40	720.00			for 26 weeks before date of accident (NOT take home pay).
2	3	28	10	28.5	513.00			2. Do not include the week of the
3	4	4	10	24	432.00			accident. 3. Leave blank those weeks where the
4	4	11	10	40	720.00			employee had excused absences for
5	4	18	10	40.5	733.50			which he/she was not paid for more
6	4	25	10	26	468.00			than ½ of a work week. 4. Leave blank those weeks where you
7	5	2	10	36.5	657.00			had reduced operations or a shutdown
88	5	9	10	42	774.00			of the plant for which he/she was not
9	5	16	10	40.5	733.50			paid for more than ½ of a work week. 5. Do not enter those weeks where an
10	5	23	10	54	1098.00			employee was on vacation for more
11	-5	30	10	49.5	972.00			than ½ of a work week. 6. If room, board, lodging or other
12	6	6	10	49	891.00			"extras" (electricity, fuel, etc.) are provided in addition to monetary
13	6	13	10	51.5	1030.50			
14	6	20	10	52	1044.00			wages, break it down into a weekly value, include and describe this
15	3	27	10	43	801.00			income in column marked "EXTRAS"
16	7	- 3	10	40.5	733.50			This includes tips if not included in gross wages.
17	7	11	10	50	990.00			7. Include any bonuses and
18	7	18	10	49.5.	904.50			commissions paid to the employee in
19	7	25	10	42	774.00			addition to wages in the column marked "EXTRAS."
20	8	1	10	51.5	1026.00			8. Enter the dates when your normal
21	8	8	10	52	1017.00			work week ends (not the date a check is
22	8	15	10	42	756.00			given to the employee) and the number of hours or days worked.
23	8	22	10	56.5	1165.50			of the state of th
24 25	8	29	10	52.5	1057.50			
	9	5	10	39	702.00			
26	99	12	10	49	891.00			
When d	id the em	ployee beg	in losing time	? 9/	15/10 Was the em	ployee paid in fu	11 for th - 1	64 11 0
Are emp		wages subj	_	d support with	nolding order?	'es □No	in for the day o	of the accident? yes
Day of	the week	the check	will he maile		ant or deposited in			
This is a	Correct s	statement o	f the employe	e's somi	ant or deposited in	tne claimant's a	ccount	
1110 10 0	, correct s	statement o	i the employe	e's earnings as	taken from the empl	loyer's payroll re	cords.	•
Ву:	_	C:	<u> </u>		Po	sition Title:		•
		Signature (of Preparer					
rint Na					D _t	ate:		
*If you	u do not	have the	tate file nun	ber please co	ntact the Departm	ent of Labor et	(902) 929 92	

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 <u>insured employer</u> - \$21,604.50 Number of weeks used – 26 Average Weekly Wage - \$830.94

Total wages from concurrent employer - \$2925.00Number of weeks used -26Average 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



(Rev. 6/10)

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

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8/26/2010	

_	_	MPLE # 8			TEMENT For Inju			
Emp	loyer:	-					,	
Wago	e Rate: \$	15.75 to 16.5	per	_	Number of Hired to Work:	Days 5	Number of	Hours Hired to Work:
	Month	Day	Year	Number of Hours or Days Worked	Gross Wages	Extras (as in Please indic extra is, for \$1000.00 bo	ate what the example,	INSTRUCTIONS: Read Carefully 1. Enter GROSS wages of employee
1	8	17	2010	40	660.00			for 26 weeks before date of accident (NOT take home pay).
2	8	10	2010	40	660.00			2. Do not include the week of the
3	8	3	2010	40	660.00			accident.
4	7	27	2010	40	660.00			3. Leave blank those weeks where the employee had excused absences for
5	7	20	2010	40	660.00	-		which he/she was not paid for more
6	7	13	2010	40		-		」 than ½ of a work week.
7	7	6	2010	40	660.00			4. Leave blank those weeks where you had reduced operations or a shutdown
8	6	29	2010	+	660.00	PAY INC	CREASE	of the plant for which he/she was not
9	6	22	2010	40	630.00			paid for more than ½ of a work week.
10	6	15		40	630.00			5. Do not enter those weeks where an employee was on vacation for more
11	6	8	2010	40	630.00	-	<u> </u>	than ½ of a work week.
12	6	 	2010	40	630.00	•		6. If room, board, lodging or other
13		1 05	2010	40	630.00			"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
14	5	25	2010	40	630.00			
	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			commissions paid to the employee in
19	4	13	2010	40	630.00			addition to wages in the column marked "EXTRAS."
20	4	6	2010	40	630.00			8. Enter the dates when your normal
21	3	30	2010	40	630.00			work week ends (not the date a check is
22 23	3	23	2010	40	630.00			given to the employee) and the number of hours or days worked.
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			
When d	id the emplo	ovee begin le	osing time?		Was the	1		
Are em		ges subject t	-	upport with	molding order? Ye	loyee paid in fu s □No	Il for the day	of the accident?
Day of	the week the	e check will	he mailed t	to the elei-				
This is a	correct state	ement of the	e employee's	earnings as	ant or deposited in the taken from the emplo	i e claimant's a c yer's payroll rec	ccount	
Ву:	_	gnature of P				ition Title:		
		5minic OI F	· cparci					
rint Na					Dat	e:		
⁺II yo	u do not ha	ve the state	file numbe	er please co	ntact the Departmen	nt of I abor at	(802) 828 22	100

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