Wage Request Form

saifcorporation

Worker:

Claim no.:
Date of injury:

- Is the worker a union member? Yes ___ No___ If so, provide the name and number of the local union: _____
- Gross wages for pay periods 52 weeks prior to the date of injury
- Any gross wage entries should not include tool rental or per diem pay.
- Please provide an explanation for "other gross earnings" entries.
- Note any rate changes. Please also include the rate used for sick or vacation time.

Employment start date

Pay period begin date	Pay period end date	Regular hours worked (Includes sick, vacation, holiday)	Base pay hourly rate $	Overtime hours worked	Overtime hourly rate $	Regular gross earnings (Includes sick, vacation, holiday)	Other gross earnings (e.g.,overtime, bonus, shift differential, commission, tips)	Explanation (Using this key may be helpful) O=overtime, B=bonus, SD=shift differential, C=commission, T=tips

Does the employee receive other considerations? (e.g., housing, meals)? Yes ___ No ___

If yes, please provide amount and payment frequency. _____

Preparer name and title (please print)	**Signature** (form **must** be signed)	Date	
			Page ___ of ___
Telephone:			